The Journal of the American Medical Association

Published Under the Auspices of the Board of Trustees

VOL. 106, No. 10 — COPYRIGHT, 1936, BY AMERICAN MEDICAL ASSOCIATION CHICAGO, ILLINOIS — MARCH 7, 1936

FUNCTION OF THE HOSPITAL IN THE TRAINING OF INTERNS AND RESIDENTS

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NEW YORK

Modern medical education requires a comprehensive program covering the entire professional life of the physician. To be effective, each step must be planned for the years as medical student, as resident staff member, and in practice. Viewed in this light, the internship and residency seem pivotal in the whole scheme of things. Certainly to an extent equal to the four years in medical school, the hospital service plays a vital part in conditioning the young physician in methods of approach to his patient's problem, in modes of treatment and in general ideals of practice.

It has become increasingly apparent to medical educators, however, that the training furnished house staffs is often not as effective as it might be. Disquieting reports drift back to the medical alma mater, dissatisfactions are voiced by hospital intern committees with the type of preparation their candidates have received, and intern groups themselves have become increasingly conscious of essential elements missing from their training.

The whole question is one of such complexity, with so many intricate factors woven into its fabric, that it has been extremely difficult to know where to make a beginning. Medical colleges have repeatedly carried out searching self criticism of their methods and accomplishments, which have resulted in great improvement in the quality of their graduates. It is logical, therefore, that the next step should be a similar critical analysis of medical education as it is applied during hospital residence. During this period, the value of college teaching is put to the test and it is needful for medical faculties to extend their interest and knowledge definitely into the intern years.

The Council on Medical Education and Hospitals has presented the problem squarely, has made hospitals realize that minimum standards exist, and has been a far-reaching stimulus for improvement.

The five boroughs of New York City present peculiar advantages for initiating a cooperative medical college-hospital survey. In this compact and densely populated area are found seventy-nine general and special hospitals approved by the American Medical Association at the present time. Their house staffs total more than 1,600 individuals representing approximately one sixth of the number in the United States. When additional groups serving in unapproved hospitals and suburban areas are included, the total will approach 2,000. All types of experience are among the opportunities offered. As a result of the many openings available, graduates of about 90 per cent of American medical colleges, as well as large numbers of Canadian and European schools, are represented. A preliminary study of one half of the group revealed the fact that 55 per cent were graduates of other than the five medical colleges of New York City.

For some years the Committee on Medical Education of the New York Academy of Medicine and the deans of Columbia, Cornell, Long Island, New York Homeopathic and New York University medical colleges have been carrying on independent studies of internships and residencies in local hospitals. Finally in 1934 a joint committee was organized and through a substantial grant from the Commonwealth Fund a two year project for careful examination of every hospital in the metropolitan area was made possible. This plan included visits to neighboring medical centers also. The investigation is still in progress and its conclusions will not be completely available until some time after July 1 of this year. Needless to say, the work would not be possible without the cordial cooperation of the hospitals involved, and this has been freely given. They have also furnished representatives for service on the subcommittees dealing with different phases of the general problem.

The results of the survey are made available to each hospital for its information and guidance. These informal follow-up reports have resulted in frequent beneficial changes in the house staff situation.

OBJECTIVES OF COMMITTEE

To sum up the plans of the committee in general terms, its objectives may be outlined as follows:

1. A systematic and thorough study of internship and residency training as applied in a large, representative area.
2. Through information thus received, to clarify our minds as to what place the house staff experience should have in the general plan of medical education.
3. To arrive at some evaluation of the methods now in use, designed to qualify the physician for different types of practice.
4. To supply educational institutions and hospitals with adequate data vital to their individual needs.
5. To act as a clearing house of information through which the schools and hospitals may benefit from the experience of others.

The knowledge obtained in one and a half years of effort makes us hopeful that these objectives are obtainable and that a great deal of constructive work will be done. While incomplete information makes definitive statements not yet possible, it is my purpose in this paper to discuss some of the difficulties encountered and feasible remedies.

Read before the Thirty-Second Annual Congress on Medical Education, Medical Licensure and Hospitals, Chicago, Feb. 18, 1936.

PROGRESS OF INTERN

Perhaps the simplest method of approach is to chart the progress of the intern from the beginning of his service, asking ourselves a series of questions along qualitative lines:

1. Is introduction to medical duties and responsibilities systematically provided?
2. On beginning his duties in the emergency room and on the ambulance, is instruction given in minor surgical technics and first aid?
3. Is attention paid to adequate grounding in ward technics as dressings, spinal punctures, clyses, venipunctures and examinations of body orifices, or must the intern learn them by practicing on the patient?
4. Are nursing procedures outlined and demonstrated to the intern, so he may appreciate and supervise them properly?
5. Is he introduced to the operating and delivery room with the same care as is a pupil nurse?
6. At the bedside, are his observations given serious attention at the time of regular rounds?
7. Is an outline for keeping medical records taught?
8. Is there a tradition for the intern to summarize his observations and present them effectively both at rounds and at the regular departmental conferences?
9. Are laboratory tests carried out as meticulously as in medical school, and are they performed in connection with study of an individual patient?
10. Is reading of medical literature stimulated?
11. Does an appreciation exist of the patient as an individual and of the importance of social, psychologic and spiritual factors in health and disease?
12. Do the members of the attending staff comprehend their responsibilities as preceptors and take a personal interest in the objectives of each intern entrusted to their care?
13. Is a method for systematic appraisal of the intern's work carried out?

Another mode of approach is to trace the contact of the intern with the patient throughout the latter's hospital experience. Osler once said that the only way to learn medicine was from a textbook but that the only real textbooks were individual patients. Logically, if the intern is to become familiar with the natural history of disease he must study the patient during the preliminary period in the dispensary or emergency room, while the diagnosis is being established and therapy applied in the hospital, and then the evaluation of results at follow up.

Finally, it is most desirable that an appraisal be made in terms of objectives. Is the group being trained to meet the needs to be encountered in practice?

DIFFICULTIES AND SUGGESTIONS FOR MEETING THEM

It is not possible within the limits of this paper to discuss all these problems, nor is our committee yet prepared to give definite answers. However, certain major difficulties may be indicated and probable lines along which solution may be sought.

I will take up the first question asked, that of introduction of the intern to his work. Dr. Wyckoff, in his discussion, mentioned the internship as an experience involving increasing responsibility. To be effective this must be definitely planned for.

Systematic outlining of the intern's duties and supervision of his introduction to them has been provided in only a few hospitals. Frequently this function has been left to the casual attention of a resident, an older intern, the charge nurse or a member of the attending staff, as problems arise. During the first few months of his service, the intern is eager for instruction, has not become fixed in bad habits and can be molded to sustain high standards. It is the most critical period

Analysis of Case Load

Service	House Staff	Basic Data: Beds	Basic Data: Average Daily Census	Basic Data: Ambulance Visits	Ratio of House Staff to: Beds	Ratio of House Staff to: Average Daily Census	Ratio of House Staff to: Ambulance Visits
Voluntary General Hospital, Without Ambulance Service							
Total	9	127	84	2,420	1:14	1:9	1:269
Surgery	2	24	20	985	1:12	1:15	1:497
Medicine	3	13	12	386	1:4	1:4	1:129
Pediatrics		24	11	262	1:8	1:4	1:87
Obstetrics	2	37	27	657	1:18	1:13	1:329
Cancer	1	6	4	160	1:6	1:4	1:160
Voluntary General Hospital, With Ambulance Service							
Total*	11	110	84	3,701	1:9	1:7	1:335
	9				1:12	1:9	1:369
Surgery	4	36	47	1,654	1:9	1:12	1:413
Medicine	2	17	20	457	1:8	1:10	1:228
Pediatrics	1	11	7	191	1:11	1:7	1:191
Obstetrics	1	16	7	233	1:16	1:7	1:233
Gynecology		6	3	106	1:6	1:3	1:106
Voluntary General Hospital, With Ambulance Service							
Total†	6	102	..	3,689	1:17	...	1:615
	4		..		1:25	...	1:922
Surgery	3	53	..	1,429	1:18	...	1:476
Medicine	1½	12	..	360	1:8	...	1:240
Pediatrics		12	..	135	1:8	...	1:90
Obstetrics	1½	25	..	547	1:17	...	1:365
City Hospital, With Ambulance Service							
Total‡	129	2,575	2,495	41,309	1:20	1:19	1:319
	126				1:20	1:19	1:327
Surgery	34	580	524	12,154	1:17	1:15	1:357
Medicine	34	540	570	9,650	1:16	1:17	1:285
Tuberculosis	3	200	140	1,457	1:67	1:47	1:486
Pediatrics	11	290	338	3,113	1:26	1:31	1:102
Ophthalmology and Otolaryngology	5	75	67	5,419	1:15	1:13	1:084
Urology	8	80	62	1,255	1:10	1:8	1:157
Gynecology	16	130	125	3,065	1:8	1:8	1:190
Obstetrics		120	100	2,708	1:8	1:7	1:175
Orthopedics	5	150	141	532	1:30	1:28	1:106
Dermatology	2	130	111	1,432	1:65	1:56	1:716
Neurology	3	230	230	3,322	1:83	1:83	1:1,108
City Hospital, With Ambulance Service							
Total§	61	1,367	1,611	11,405	1:22	1:26	1:182
	59				1:23	1:27	1:185
Surgery	7	126	1030	2,147	1:19	....	1:307
Orthopedics	2	76	..	539	1:38	....	1:307
Otolaryngology	5	16	..	1,010	1:3	....	1:202
Ophthalmology		5	..	101	1:1	....	1:20
Urology	3	52	56	608	1:17	1:19	1:250
Dermatology		43	28	149	1:14	1:9	1:50
Gynecology	6	22	24	403	1:4	1:4	1:68
Obstetrics		76	59	1,754	1:13	1:10	1:292
Medicine	10	231	424	2,377	1:23	1:42	1:238
Pediatrics and Children's Surgery	7	242	208	1,420	1:34	1:29	1:203
Neurology	3	178	204	205	1:59	1:68	1:68
Tuberculosis	7	270	417	710	1:38	1:58	1:101
City Hospital, With Ambulance Service							
Total‖	39	441**	477	13,543	1:11	1:16	1:347
	38				1:11	1:12	1:356
Surgery	9	230	280	7,671	1:26	1:35	1:969
Medicine	9	103	123	3,555	1:13	1:17	1:497
Pediatrics	2	30	24	701	1:20	1:12	1:350
Obstetrics	3	39††	40	1,916	1:13	1:13	1:637

* The upper row includes three interns on ambulance.

† The ambulance service is covered by two of the six interns serving on twenty-four hour shifts. The lower figures exclude the interns on ambulance.

‡ The upper row includes three interns serving on ambulance.

§ The upper row includes four interns serving on ambulance.

¶ The total includes eighteen beds in the admitting ward.

It was not possible to allocate the average daily census to the first four services; 198 represents the total.

‖ The upper row includes three regular interns serving on ambulance and four one-year interns who cover ambulance, pathology and x-rays.

** The total includes twenty-one beds assigned to accident, isolation and prison cases.

†† Capacity can be increased to fifty-one.

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of the entire house staff experience and probably of the whole plan of medical education. Besides his urgent need of learning to carry out technics carefully and skilfully he needs active guidance and appreciation from his elders in his efforts at diagnostic studies. Too often a painstakingly recorded history and physical examination are ignored, and a bad example of snap judgment as to diagnosis and treatment is given by a hurried member of the visiting staff. Very frequently no attempt has been made to define and outline the content of acceptable case records, and to the record librarian has been delegated the impossible task of editing these reports. Such irregularity makes utilization and checking by the attending staff difficult, and it encourages careless habits and short cuts. Conversely, where uniformity exists there is increased interest in the intern's work, habits of exact observation are encouraged, and there is stimulation for clinical investigation. While the task is a tedious one, the only first class records are seen where the chief of the service takes personal responsibility for enforcing standards. In the majority of instances the interns are left too much to their own devices under the comfortable assumption that, if sufficient initiative and interest are displayed, adequate instruction will be given.

If standards are to be set, the proportion of interns to patients must be properly adjusted. As Dr. Zook has so ably stated, there is need of proper balance of qualitative and quantitative criteria. The usual method of estimating case load by calculating the ratio of house staff to beds is far from accurate in revealing the actual picture. Great variation exists in bed occupancy. The presence or the absence of an ambulance service makes a vast difference in the number of interns who are available for work in the hospitals. The ratio for the entire group does not portray the difference between services.

If future needs in practice are considered, it is necessary to visualize what conditions our graduates will be asked to face. Since all may presumably enter general practice, such needs must be first considered. According to the Final Report of the Commission on Medical Education, the ten most frequent demands on the general practitioner are:

1. Infections of the upper respiratory tract.
2. General medical diseases.
3. Minor surgery.
4. Gastro-intestinal disorders.
5. Obstetrics.
6. Venereal diseases.
7. Throat infections.
8. Pneumonia.
9. Contagious diseases.
10. Ear, nose and sinus infections.

Even brief consideration reveals why so many interns are ill fitted to enter their careers. Few have any experience in dealing with contagious diseases or venereal problems. Facility may have been acquired in tonsillectomy, but little skill obtained in the diagnosis and care of otitis media, sinusitis and various throat infections. Pneumonia may be well handled, but without much idea of what to do for the common cold. A vast amount of time is usually spent in assisting with major surgery, but little instruction is given in minor surgical technics. Some hospitals offer no obstetrics at all and many an insufficient amount. Physical therapy as applied in general practice is a neglected field. There is a pressing need for a shift from almost complete emphasis on the curative and technical aspects of medicine to include training in the widening field of preventive medicine and public health.

Too often our hospitals move and have their being in a small cosmos of their own. Objectives for the house staff do not reach beyond the limits of the hospital walls. The cloistered existence of the intern gives him little opportunity to select for himself the training that will best fit him to serve the community.

Practical suggestions for meeting hospital deficiencies must be guided by the abilities and capacities of each institution to carry them out. Both city and voluntary hospitals are struggling with serious financial limitations. Changes involving additional expenditure can be undertaken only after consideration of ways and means. In private hospitals it is desirable to have at least 50 per cent of the patients in the general service, if teaching standards are to be upheld. Reginald Fitz has pointed out that in Massachusetts the quality of the house staff group in voluntary hospitals was usually directly proportional to the amount of endowment.

A voluntary attending staff cannot be expected to spend additional hours in teaching if its members already are barely making a living.

The solution, therefore, appears to be in organization and systematization of present resources and facilities. A few illustrations to show my meaning will be given:

1. The preparation of manuals by some of our better hospitals specifying the basic essentials for adequate care of the patient could be extended to others with great benefit, particularly those in which the attending staff rotates on duty. Such a manual has been in use for several years in the Third Medical Division of Bellevue Hospital. It is of especial value in that it provides training for the staff in both general and special medical methods. Being frequently revised, its educational influence is profound. The surgical service of the Peter Bent Brigham Hospital in Boston has an admirable booklet, both in spirit of conception and in content. It serves as joint guidance for both the medical and nursing staffs. Books of nursing procedures are found in the wards of all our hospitals, designed to anticipate the doctor's needs. A curious omission is that of a complementary book to teach the interns how to use the nursing provided.

2. In the January issue of *Hospitals* is an article by Dr. Emanuel Giddings of the Morrisania Hospital describing experiences in teaching interns nursing procedures. Participation is given in such practical and homely matters as how to make a patient comfortable in bed, how to prepare and apply a mustard paste and how to make up and give various types of enemas.

3. Regular, separate departmental conferences are a basic essential. The residents and interns take an active part in preparation for these meetings and receive some of their best education as they participate. An unfortunate tendency has been to hold one conference for the entire hospital with crowding of the house staff into the background. The attempt to cover statistics, mortalities, morbidities, interesting cases and pathologic material for all services in a single hour's time is a physical impossibility.

4. If the intern is to follow his patient throughout the course of his illness, a definite provision must be made for regular assignment to the dispensary. There is a growing tendency to set up a half or full time schedule over a period of weeks or months. Supervision is furnished in part by the senior members of the attending staff. There is no reason why all interns may not regularly have their place at follow up.

The training possible in the various special clinics of the outpatient department is of utmost practical value and cannot be duplicated in the wards.

5. The reason why so many hospitals lack a satisfactory library has been their inability to finance a full time librarian. An ideal arrangement, when architecturally possible, has been to place the reference and record libraries in connecting rooms or suites, with the record librarian in charge of both. Another plan has been to place a full time employee, as the anesthetist or the operating room secretary, in control. Both methods have been tried and have been successful. With this basic essential, books and periodicals have been freely provided by members of the staff and their friends. Weekly journal clubs can then be organized which are of far-reaching influence on reading habits.

The lack of adequate libraries in some hospitals in the past has been the chief reason for provincialism, unscholarly habits and unprogressiveness.

Nothing has been said up to this point of formal lectures. This has been intentionally left to the last. Too often, when intern training has been considered, the first impulse has been to plan a series of lectures. Very frequently these have failed of their purpose. An arbitrarily arranged curriculum is about as interesting as the routine perusal of a textbook. In hospitals without medical school teaching services, the best substitute seen has been the organization of a weekly seminar by the interns themselves. The speakers invited and the topics discussed are interesting to the interns, as they deal with problems encountered in the hospital.

In conclusion, I would venture the assertion that our hospitals must face the need of a more adequate basic internship. Judging from the thousands of young men who come to New York from all parts of the United States and Canada for additional hospital training, it would appear that the one year rotating internship most of them have obtained is insufficient for their needs. As already mentioned, more than half of the house staff group is drawn from sources outside the city. It will perhaps be surprising to some that a preliminary poll of our metropolitan intern population indicates a desire among most of them for a three year house staff experience. Nor is this wish based on the expectation that such a length of service will turn them out as qualified specialists. It will merely fit them for the needs of modern general practice with extra training in one field.

The function of the resident or fellow is manifold. He furnishes continuity of program in upholding standards, supplements necessary instruction of interns, and carries out special studies. His progress toward specialism depends on the number of years spent.

The criteria formulated by our national boards of specialization have already had a marked effect not only in lengthening and improving existing residencies and fellowships but in stimulating the creation of new ones.

It appears that the method of preceptorial training in a private office or by progression on the special staffs of hospitals is not going to satisfy the needs of the future.

To give the house staff experience its proper place in medical education, a larger number of attending staff members with a teaching interest must be provided. Osler once remarked that "a good teacher was a man who could think, could express himself, and had well developed technic." To this he added the essential qualities of "enthusiasm, that deep love of a subject, that desire to teach and extend it, without which all instruction becomes cold and lifeless, and, secondly, a full and personal knowledge of the branch taught, not a second-hand information derived from books."

Such an ideal cannot be attained without thorough and intimate study of every patient encountered. If each attending staff member will set for himself the goal of thorough supervision of his interns in the carrying out of essential case studies, he will reap the reward of a profound understanding of medicine. Perhaps the best way to understand a subject is to teach it. In the last analysis, by setting high standards for our interns and living up to them ourselves, the fundamentals of an adequate teaching program are achieved.

The spirit of progress is not evolved from a consideration of abstract ideas, but from living, moving forces, swelling from beneath the surface, which give birth to new methods and courses of action, impelled by the necessity of meeting the growing needs of mankind.

It is imperative that medical groups throughout the country intensively study their own local problems. The zeal and dynamic for their solution must come from within each hospital community. Only thus may the American Medical Association be given proper support in its nation-wide task.

2 East One Hundred and Third Street.

INDIVIDUALIZATION IN THE PRESCRIPTIONS FOR NURSING CARE OF THE PSYCHIATRIC PATIENT

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1936

It is my purpose in this paper to describe the method that my associates and I have evolved to meet the problem of individualizing the prescriptions for nursing care of the psychiatric patient in the hospital. Physicians directing the recovery processes of the mentally sick are constantly confronted with the problem of controlling and organizing the patient's time during the intervals between personal contacts. With an average of fifty patients, under the supervision of ten full time physicians, it has been possible at this clinic for a physician to spend between thirty and sixty minutes daily with each patient. We consider it to be our opportunity as well as responsibility, however, to prescribe and supervise the management of the patient during the remaining twenty-three hours of each day, necessarily through the aid of therapeutic assistants; i. e., nurses and special therapists.

The therapeutic conferences with the physician may color the patient's reactions and behavior, but the effect of the physician's work may be neutralized or even counteracted unless a prescribed management and a program of activities can be effectively carried out by these nurses and therapists, and their work closely supervised and repeatedly checked.

The present plan has evolved gradually over a period of several years and can be roughly divided into three phases. We first found it necessary to develop an organization of assistants, all of whom were therapists of a special sort and not merely bed makers or keepers of the keys. It was necessary not only to use extreme care in selecting the personnel but also to teach them the fundamentals of psychiatry, that we might thus

From the Menninger Clinic.
Read before the Central Neuropsychiatric Association, Topeka, Kan., Oct. 25, 1935.

inculcate in them a psychiatric point of view. It became essential to give them some general understanding of psychodynamics, in addition to the outlines of descriptive psychiatry, and to teach them the important concepts of psychiatric nursing implied in such familiar phrases as "sympathetic understanding," "eternal vigilance" and "patient perseverance." Only through special training could we help them attain an objective, nonemotional attitude and impersonal behavior.

The second step in the evolution of our method was to develop a system by which we might convey to the carefully selected, psychiatrically trained group of assistants an individual prescription for each patient of the special activities which this corps of assistants might lead or direct.

The third step was to work out a plan to coordinate these prescribed activities, to supervise their execution and to measure their effectiveness as therapeutic measures.

SELECTION AND TRAINING OF PERSONNEL

Our choice of personnel is based initially on the individual's intelligence, his interest in the field, and the stability of his personality, but even though he is interviewed by several members of our staff it is not always possible to judge these factors accurately without a practical trial. The requirement that our nurses be graduates of an accredited general hospital training school and that our therapists and male attendants have some college training usually insures an adequate intelligence.

Each individual is requested to furnish an explanation of his desire to enter the field of psychiatry. We have found that it is impossible to carry out an effective therapeutic program with attendants who, even though intelligent, are working merely to make a livelihood and have no deeper interest in their jobs, or with persons who go into psychiatric work in an attempt to solve their own neurotic difficulties. The stability of the personality is far more important than its particular makeup. We have found it expedient to have various types of personality included in our personnel: e. g., the maternal nurse may be especially successful in the management of an infantile personality, through her soothing solicitousness, her comforting voice and her maternal attitude of protection. A schizoid individual may succeed in obtaining the cooperation of schizophrenic patients in many instances in which a more extroverted nurse fails. The firm and domineering type of personality may be of special advantage with the "spoiled child" type of patient. Regardless of the type of personality, the character trait of stability, which may be evaluated roughly from a social history giving facts about the home situation, the scholastic record and vocational experience, contributes largely to success in psychiatric therapy.

We must depend on our personnel to create a friendly and secure environment. We expect a nurse to be a confidential friend of the patient and a companion in recreational and occupational activities. She must be a diplomat in handling actual difficulties that arise concerning treatment and privileges. Finally, she must be the doctor's chief observer of the patient's behavior and at the same time be capable of charting it intelligently and accurately. But one can expect none of these functions on the basis merely of her native intelligence, her enthusiasm and her emotional stability.

To enable the nurse to carry out this difficult assignment of functions, she must have psychiatric knowledge. She must have a functional and not merely a theoretical understanding of psychodynamics. She must know not only the methods used in the therapeutic management of each type of mental illness but the reasons for them. It is necessary to teach her the various difficulties she may encounter and their solution and the rationale. She must be taught that the companionship or friendship prescribed for the mental patient can and must be scientifically controlled. She has to be taught what to observe in the patient and how to record it. Probably the most important lesson in her training is to become objective and nonemotional and yet at the same time remain sympathetic, friendly and understanding in her relationships to patients.

In our experience we rarely have found an individual who was able to carry out these functions entirely to our satisfaction on the basis of previous training. For this reason we established a training school with a prescribed course of three trimesters running continuously. There is a wide variation in the schools of thought and actual practice in psychiatry, and it is important that our personnel understand our attitude and practice. For this reason, each senior member of the medical staff gives lectures in this training school, as do also the heads of the occupational, recreational and physical therapy departments, as well as the nursing instructress. Regardless of previous training, each new nurse and therapist, and even the secretarial help, take this didactic work.

The work of the first trimester is devoted to a presentation of fundamentals. The course in psychiatry is largely devoted to psychodynamics, including mental mechanisms and types of personality. Psychiatric nursing covers the application of these theories to practice in such fundamentals as precautionary methods, the explanation and interpretation of the physician's prescriptions, and routine procedures. A course in neurology is given to orient further the nurse in its relation to psychiatry, as well as for its practical application in the neurologic syndromes frequently seen.

In occupational therapy and physical therapy the nurse is given both theory and practice. In recreational therapy she learns not only theory but also a large variety of recreational activities. The first three months' work includes a total of 120 hours of lecture and recitation work, which amounts to nine hours of classroom work each week.

The work in the second trimester is planned to include a dynamic as well as a descriptive study of the more common mental illnesses and, in addition, the principles of clinical psychology and child guidance. Each student is required to make case studies and to write book reviews. The work includes a total of sixty-six hours of lecture, an average of five hours a week.

By the third trimester it is assumed that the nurse is oriented sufficiently well in psychiatry to profit from a course in psychoanalytic theory. We regard this subject as of paramount importance, in part because many patients in the hospital are under psychoanalytic treatment, and also because our actual practice, as far as possible, is based on an analytic understanding of the patient's problems. In addition, the nurse is given the opportunity to write a research thesis to encourage the expression of her own originality, as well as to increase her familiarity with the literature and the use of the library. Other lectures deal with ward management and special psychiatric hospital problems. This course in psychiatric nursing has been approved by the State Board of Nurses' Registration and is accepted by Washburn College for ten hours of college credit.

THE PHYSICIAN'S PRESCRIPTIONS

With all this training the nurse or therapist is still not informed with regard to the program of treatment for the individual patient until the physician has written his prescriptions. We have found it necessary in making prescriptions to include not only some information about the patient himself and suggestions for special activities but also the more subtle recommendations of the attitude the nurse should take toward the patient's complaints and the manner in which she should make her requests of the patient. Our admission orders comprise three full sheets of detailed instructions (shown in the accompanying tabulation). In addition to giving a tentative diagnostic grouping, outstanding symptoms, occupation and family situation, the orders cover twelve special categories of prescribed attitudes and activities. In writing the prescriptions it is necessary only to underline on these order sheets the desired attitude or activity.

That the explanation of our order sheet may be more understandable I shall illustrate its application by the case history of a patient. We obtained the following history from the patient and his brother just prior to his admission to the hospital: He was an intelligent business man, 42 years of age, whose chief complaint was an assortment of hypochondriac ideas, associated with anxiety and compulsive behavior, beginning approximately a year prior to consulting us. At the age of 9 years he had an anxiety attack of some months' duration because he was afraid he might die of scarlet fever, which was then affecting another member of the household. At the age of 21, following a minor abrasion on his thigh, he feared that he might lose his leg. At the age of 29 he had a tonsillectomy, which was associated with a great fear of death. At the age of 39 he developed a profound emotional reaction at the time of a gallbladder operation. At the age of 41, a friend died of angina pectoris and he developed a severe car-

Admission Orders at Menninger Sanitarium

Orders for (Patient)..... Date..... Ordered by.....
Tentative Diagnosis..... Occupation.....
Outstanding Symptoms .....

INDICATE ORDERS BY UNDERLINING THE APPROPRIATE WORDS IN THE FOLLOWING ORDERS.

This is to be given to the nurse in charge immediately on admission.
I. GROUP N R GP P Special Precautions

II. ATTITUDES TO BE ASSUMED (By Nurse)
1. *General Attitude toward Patient*
Watchfulness; Reassurance; Praise; Solicitude; Friendliness; Companionship; Much Attention; Little Attention; Firmness; Persistence; Indulgence.
2. *Toward Privileges for the Patient*
No Exceptions; Slightly Indulgent; Encouragement; Discouragement.
3. *Toward Questions Regarding Restrictions*
Explain; Refer to Doctor; Ignore Queries; Listen attentively but without comment.
4. *Toward Requests from the Patient*
Ignore; Minimize; Refer to Doctor; Refuse with Explanation; Encourage; Evade; Grant when Possible.
5. *Toward Requests Made of the Patient*
Matter of fact; Persuade; Persist; Humor; Demand without Force; Show of Force; Threaten; Use Force; Reward.
6. *Toward Issuance of Invitations to Patient*
Give no Invitations; Matter of fact; Solicitousness; Persuasion; Persistence.
7. *Complaints*
Solve where Possible; Divert Attention; Report; Explain; Ignore; Discourage; Listen sympathetically without comment; Make light of.

III. HOSPITAL MANAGEMENT
1. *Responsibilities given Patient in Hospital*
None; Care of Room; Assist with Ward work; Ward Sewing Circle; Responsibility for a daily task; May Shave Himself Under Supervision; May have cosmetics in room.
2. *Relationship to Other Patients*
Isolation; Provisional Participation; Voluntary Social Relationships; Encourage Social Relations; Discourage Social Relations; Encourage a protective interest in.....
3. *Therapeutic Aims:*
——To provide sublimation; ——To afford means of obtaining love;
——To afford outlet for aggressions; ——To give freedom for phantasy expression;
——To provide means of identification; ——To afford opportunity to create.
——To permit propitiation of guilt;
4. *Spending Allowance* (all purposes)..... per week..... per month.....

IV. PHYSIOTHERAPY
Type: 1. *Tonic* (Warm sheet pack, autocondensation, ultraviolet, talc rub, alcohol rub, infra-red light).
2. *Sedative* (Wet sheet pack; neutral bath).
3. *Stimulative* (Fomentations, salt glow, needle spray, Scotch douche, massage).
4. *Eliminative* (Sitz bath, hot bath, cabinet bath).
Therapist's Attitude: Invite; Urge; Insist; Compel.

V. BIBLIOTHERAPY
Type: Newspapers; Magazines; Illustrated Papers.
Books: Fiction; Poetry; Mysteries; Biography; History; Mental Hygiene; Technical Books; Travel.

VI. EDUCATIONAL THERAPY
Ball-room dancing; Design; Interior Decoration; Journalism; Mechanical Drawing; Music Appreciation; Nature Study; Shorthand; Typing; Sketching; University Extension Courses.

VII. RECREATIONAL THERAPY Alone. In Group of 3-4. Large Group. Time.....
Type: Indoor (Inactive) Card games; Table games.
(Active) Bowling; Dances; Ping Pong; Medicine Ball; Punching Bag; Stationary Bicycle.
Outdoor (Mild) Shuffleboard; Walks.
(Active) Baseball? Golf; Hikes; Horseshoes; Swimming; Tennis; Basketball; Football; Volley Ball; Ice Skating.
Special

Archery	Horseback Riding
Church	Marionettes
Dances	Picnics
Dinner in town	Shopping Tours
Dramatics	Shows
Forum	Teas

Therapist's Attitude: Stimulate Interest; Invite; Urge; Insist; Compel.

VIII. PROJECT WORK
Carpentry; Cement Work; Electrical; Farm Work; Garden; Mechanical Work; Yard Work. Individual Project Suggestion.....

IX. OCCUPATIONAL THERAPY
Children (age, sex).....In room. At Shop, Length of work period .....
Finances permit: $1-3 per mo. $3-5 per mo. $5 or more per mo.
Projects for: Therapists; Hospital; Relatives; Self.
Outstanding interests or hobbies:.....
Give project offering opportunity for: Aestheticism; Concentration; Hobby Formation; Imagination; Initiative; Intricacy; Routine; Simplicity; Strenuous work.
Crafts:

Art Metal	Drawing	Pottery
Basketry	Furniture Construction	Scrap Books
Batik	Hooked Rug Work	Tapestry Weaving
Book Binding	Knitting	Water Color
Cabinet Making	Leather Craft	Painting
Clay Modeling	Linoleum Block Printing	Weaving
Cooking	Literary Work on Chart	Wood Carving
Crocheting	Needlework	Wood Turning
Domestic Science	Painting	Wrought Iron

Therapist's Attitude: Stimulate Interest; Invite; Urge; Insist; Compel.

X. MEDICATIONS
Sedative .....
Laxative .....
Tonic .....
Others .....
Nurse's Attitude: Explain; Make No Comments; Report Requests to Doctor; Urge; Insist.

XI. DIET
Tray; Dining Room; Tubefeeding; Between-meal nourishment; Regular; Light; Extra Servings. Omit.....
Special Diets:

Diabetic Diet	Liquid
Fat free diet for Liver Diseases	Nonirritating residue-free diet
General	Obesity Diet
High Caloric	Purine Free Diet
High Residue Diet for Constipation	Salt free nephritic Diet
High Vitamin Diet	Sippy diet for Ulcer Cases
Karell Diet	Soft
Ketogenic Diet	

Needs Dietary Instruction. Give Silverware; Give Chinaware, Porcelain, Beetleware, Paper Plates.

XII. SPECIAL ORDERS

Basal Metabolism	Renal Function Test
Diathermy Treatment	Spinal Puncture
Encephalography	X-ray
Dextrose Tolerance	

Special Note:
.....
.....

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diophobia. His present illness began with anxiety over paresthesia in his hands but rapidly increased to include concern about his heart and his general physical health. He had himself examined in several clinics and put himself through the gamut of every type of clinical and laboratory investigation. Physical and laboratory examinations from these clinics were reported to be entirely negative. He became depressed and tearful, took his pulse and temperature regularly, and developed an intractable insomnia. From his brother's point of view he had always been an extremely self-centered individual. He had always dominated the home and had been pleasantly unkind and inconsiderate of his wife and their four children. One month prior to the onset of his present illnes his son joined him in his business.

It will be noted from the tabulation of the order sheet that our orders are divided into twelve sections and individualization in prescribing is possible because of an extensive variation of possibilities in each section. Based on the historical data the prescriptions for our patient were written, and I will discuss his specific orders section by section and thus illustrate the application of this plan.

In the first section, which sets forth the privileges permitted the patient, he was given "restricted privileges." Because he had come voluntarily it was felt unwise to give him "no privileges," but because of the anxiety present it was felt equally unwise to give him either freedom of the grounds or permission to go to the city alone. In addition, the order indicated to the nurse that she was to take "special precautions," which is our code language for specific precautions against suicide. While the patient's history indicated no suicidal attempt, it is our policy to take such precautions in each instance in which the history indicates or the patient himself exhibits depression or anxiety.

The second section is devoted to prescribing the attitudes to be adopted by the nurse toward the patient. In the instance of our patient the nurse was instructed to watch him closely, primarily because of a history of indecision and unexpected behavior. She was instructed to be reassuring in her manner and at the same time firm, since with anxiety reassurance and firmness are always in order, as a necessary support to the weakened and indecisive ego. She was instructed to be slightly indulgent in the interpretation of his privileges, since he had come voluntarily and too rigid a regimen of supervision in this type of individual is always provocative of further rebellion, without therapeutic benefit. The nurse was instructed to refer his questions regarding restrictions as well as any major requests to the physician; this order was indicated because of his superior intelligence and the neurotic rather than psychotic nature of his illness. She was ordered to make requests of him initially in a matter of fact manner, and if necessary to persist in them, but without demanding or humoring, or any other method that it is possible to indicate in the orders. Invitations to participate in recreational and other therapeutic activities were to be extended in a matter of fact manner. Complaints that he made were to be listened to in a sympathetic manner, but without comment, since it was expected that he would make many complaints stimulated by his fears about himself.

It can be seen from these order sheets that the possible variation in these initial attitudes is very large, and each of the terms used is defined and presented with an explanation and discussion in the course in psychiatric nursing, and further reviewed in therapeutic seminars for the nursing supervisors and therapists. Consequently, they are actually only abbreviations for an elaborate concept and actually represent a system of management.

In the third section of the orders devoted to practical points of management of the patient in the hospital, this patient was assigned a daily task, to be selected by the nurse, with the aim of immediately giving him a minor responsibility. In addition, it was indicated that he might shave himself under supervision, an order which is ordinarily something of a contradiction to suicidal precautions. Our patients are permitted to shave only with safety razors and in this instance it was felt that the patient's hearty cooperation would be jeopardized by forcing him to go to the barber shop in the hospital to submit to being shaved. The nurse was further instructed to encourage his socialization, which indicated to her that she was to introduce him to each of the other guests and to encourage him to sit in the living room instead of keeping him in his room alone, or leaving him to his own inclinations. There was much evidence in our patient's history of underlying hostile attitudes and on this basis the therapeutic aim indicated on the order sheet was "to afford an outlet for his aggressions." This was done by allowing him to express himself freely, which he did in his verbal attacks on the nurses and in his protests against any sort of restriction, despite his repeated affirmations of cooperation.

In physical therapy the patient was ordered to have a tonic type of treatment including ultraviolet rays, massage, and salt glows, and the therapist was instructed to invite and if necessary to urge his compliance. We have found it desirable to prescribe physical therapy for nearly every patient, in part for its physiologic and in part for its psychologic effect. We prefer the sedative effect of continuous baths and wet cold sheet packs to excessive chemical sedation, and undoubtedly there are beneficial tonic and eliminative effects from the other physical therapy measures used. Our case serves as an excellent illustration of the importance of the psychologic effects; namely, the personal attention and physical manipulation which we believe were probably more beneficial than the physiologic effects, judging from his enthusiastic comments and overvaluation of the procedure.

In bibliotherapy the initial order for our patient called only for the daily newspaper. An early revision, however, added mental hygiene literature. Following the early psychotherapeutic conferences with the physician it was believed that his understanding of the unconscious motivation of his symptoms might be hastened if the therapeutic interviews were supplemented with reading matter dealing with mental health. We feel that mental hygiene literature is rarely helpful to sanatorium patients. On the other hand, we attempt to use reading as a treatment for every patient, though all reading matter must be approved by the physician before it is given to the patient, even though the latter has requested it. In general, biography, history and travel books have proved most satisfactory, probably because of the opportunity for innocuous identification by the patient.

No order was made for our patient in the field of educational therapy. In any individual showing as much anxiety as he did, the possibility for application and concentration to any type of study is so slight that it bids fair to fail. On the other hand, our order sheets

permit the physician to recommend to the educational director the trial of a variety of subjects, the most popular being ballroom dancing, interior decorating, music appreciation, sketching, shorthand and typewriting. Through the opportunity afforded by university extension courses and an affiliation with the local college, the patient may have almost any type of educational work that seems to promise therapeutic value.

In recreational therapy our patient was to be invited and if necessary urged to participate in indoor and outdoor games, as well as going horseback riding and attending the dances, picnics, moving picture shows and teas. The object of this prescription was to encourage under supervision the extension of his interests from his hypochondriac delusions to these outside activities. Golf and playing ball were especially indicated as a specific outlet for his aggressions in a socially acceptable manner. Following a satisfactory game of golf, his antagonism toward his environment as well as his concern about himself was always much lessened. In this section the physician also prescribes the number of hours to be spent in this department, and he may indicate whether the recreation is to be carried out only with the therapist or in a group. In addition to giving him an outlet for aggressions on objects, the patient's recreation should make reality more pleasant. It also affords an opportunity for resocialization. In the case under discussion it was primarily through the social activities, the teas, parties and dances, that he was given the opportunity of regaining his confidence in the presence of others. Before he left the hospital he had twice presided at the patients' forum, once giving a motion picture show of some of his own pictures of a trip in Europe, and later making a talk on the political situation in his state and leading the subsequent discussion.

The next two departments, project work and occupational therapy, are closely related. By project work we refer to outdoor physical labor, and by occupational therapy to various indoor handcrafts. In this instance the therapist was instructed to place the patient immediately on construction work, graded both as to complexity and as to the amount of physical effort required. In occupational therapy he was to go to the shop to work for a period of two hours each day on furniture construction, with an opportunity to develop a hobby and work out a project requiring intricacy, skill and concentration.

It is our thesis throughout that the physician should prescribe these various types of therapy in as specific a manner as he would medication. We feel that it is important to indicate where the work should be carried out, the length of the daily work period, the nature of the project, and the therapeutic aim in carrying out a particular type of work.

We regard occupational therapy, and to a lesser or greater degree every type of therapy, as an excellent opportunity to meet a variety of emotional needs: as a method of permitting aggressions in acceptable forms, as a method of unconscious identification, as a method of propitiating unconscious guilt, as an outlet for the desire to create, and as a method of obtaining love. In our business man patient, occupational therapy did prove to be an opportunity for expressing aggressions which called for no punishment. He was first assigned the job of demolishing a part of a building, and his conscientiousness and enthusiasm were very evident. His feeling of well being gradually increased following the digging of a 2-foot foundation trench, and when assigned to construction work he was convinced of the fallacy of his belief in his heart disorder, after he had sawed nearly a cord of fire wood.

The orders for medication for our patient included only barbital for sleeping. However, this was disguised in hot milk, and the nurse was instructed to make no comments when giving it to him. This was desirable because he had taken a great many forms of sedative and, as with many neurotic patients, knew the shape, color, consistency and taste of most of the common sedative drugs. In this instance he immediately slept far better than he had for some time, even though, according to the history, he had previously taken larger doses of the same drug repeatedly.

In the orders for his diet the patient was instructed to go to the dining room, primarily for the socialization effect, and to be given a regular diet. Because he was underweight he was given between-meal nourishment. It will be noted that the order sheet permits even the detail of omitting silverware if that is advisable.

Through these orders we attempt to transmit to our nurses and therapists our conception of the patient's management. Preliminary orders are sent to the hospital within the first twelve hours of the patient's residence. Often our information is incomplete at this time, and we may not know any of the idiosyncrasies and peculiarities of the patient. Never is it possible on admission to forecast the unconscious identifications he may make for the people around him and hence his reactions to them. The admission orders do not necessarily afford a working plan beyond the first few days, and never beyond any marked change in the patient's condition. Consequently, following the presentation of the case at a staff meeting (usually within ten days after admission) a new set of order sheets is written, and again at intervals of not more than thirty days.

The training of the nurses and therapists in psychiatry and the giving to them of an outline of the program of therapy are all only preliminary to the treatment of an individual case. We have also worked out a reasonably successful plan for supervising the execution of these orders. Its description, however, would be of interest chiefly to hospital administrators.

In a description of this plan it has been my intention to present the positive observations and experiences that have evolved from a trial of some years. To this point I have purposely neglected to introduce the many unsolved problems involved, some of which may be briefly indicated. Our plan is inadequate to meet the problems of the chronically ill patient who shows marked regression. We are perplexed in the therapeutic management of the masochistic individual who cooperates too well in all aspects of the program and doggedly fulfils every prescribed activity. A major problem is present in securing the cooperation of a variety of patients who assume the attitude that our plan isn't the right one for them. I have not mentioned the problems presented by the relatives of patients, who often obstruct our program intentionally or unintentionally.

We are carrying on some research in other problems concerned with this plan. As mentioned, we attempt to indicate our therapeutic aims in each case, but the method of achieving this aim is difficult to determine in specific types of therapy. At present we are attempting to classify our occupational activities into groups which most effectively meet these various therapeutic aims. We hope to determine from observation and controlled experimentation, for instance, the most effec-

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tive type of work and use of tools to permit the expression of hostility, to propitiate a feeling of guilt, and the like. For some years we have been experimenting with certain reading material as a therapeutic agent, specifically the desirability of mental health literature, both fiction and nonfiction, and the desirability of historical and travel books over fiction.

The inference is that from these research problems we expect to learn much more about the specificity of treatment for the mentally sick individual and how and why various therapeutic measures are successful or unsuccessful.

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CONTRIBUTORY CAUSES OF CORONARY THROMBOSIS

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If the prophylaxis of coronary thrombosis is possible in a practical way, it must be based not only on an understanding of basic conditions, such as atherosclerosis, but also on a recognition of, first, the individual liable to an attack, and, secondly, exciting or precipitating factors. In considering susceptibility, the presence of peripheral arteriosclerosis forms merely a general background and even the now possible x-ray visualization of advanced coronary changes is of but little practical help when it is realized that even then the vessel may be patent or, for that matter, that total obliteration, if gradual, may be symptomless.[1] Characteristic electrocardiographic changes occur after the occlusion, and the term "arteriosclerotic heart disease" is too inclusive and inaccurate. That there are anticipatory symptoms and signs is suggested by the following statistics of cases treated at the Boston City Hospital and supplemented by records from my personal practice. Obviously, many records of proved coronary disease have to be discarded because of inadequate histories obtained.

Table 1 needs a few words of explanation and comment. The first group of 15 per cent gave no past history of real significance. Obviously, the largest group comprises those patients who have suffered from a previous attack of coronary thrombosis or have been subject to angina. By "dyspnea" I mean excessive difficulty in breathing on even slight exertion, but without pain and without discoverable underlying cause such as allergy or a pathologic condition of the lungs. Although paroxysmal nocturnal dyspnea was present in only 7 per cent of the cases, I feel that it is a most important symptom. I am using the term "myocardosis" rather than "stenocardia" or "arteriosclerotic heart disease," for I believe that a more concrete symptom complex exists if it is restricted to cases presenting that triad of symptoms palpitation, dyspnea and precordial discomfort or pain described by Bierring[2] and others, with perhaps minor clinical and electrocardiographic changes. The abbreviation "sweating" refers to the very small group (2 per cent) in which there was a history of acute exhaustion and profuse sweating on slight exertion.

I have felt hesitant in recording the last group, labeled "indigestion." The reaction to the term may be either that digestive difficulties are too common to be significant here or else that this so-called indigestion is a mistaken interpretation of coronary symptoms (which it may well be). However, the term is restricted to those patients who, only a few months prior to their coronary attack, have complained (and for the first time) of abdominal distention, gas and some nausea, these symptoms being related to meals and especially to hurried or excessive eating, and relieved markedly by belching or vomiting. Add to this a complete absence of discoverable gastro-intestinal disorder and also an unexplained and rapid increase in the frequency and severity of the attacks, as a rule, until they have merged into a real coronary disaster.

The converse of this table is perhaps of more interest. Coronary thrombosis develops in more than half of all cases of angina pectoris. Myocardosis is definitely a degenerative heart disease and dependent on coronary disease. Dyspnea, otherwise unexplained, and marked on slight exertion in a middle-aged individual, is more than suggestive of underlying coronary disease. Statistics relative to underlying hypertension I have omitted, as they are confusing and, when based on the patient's history, inaccurate. Its incidence has been placed variously at from 20 to 40 per cent. Conversely, the incidence of coronary deaths in hypertension probably lies between 6 and 10 per cent.[3] While premonitary physical and laboratory signs, singly, are not characteristic, they may, in combination or in association with symptoms, be diagnostic. The clinical observations in myocardosis, with perhaps some variation of the contour of the ST wave or lengthening of the auriculoventricular, QS or QT interval, may be enough to make a presumptive diagnosis. For that matter, bundle branch and marked auriculoventricular block, together, are practically pathognomonic of coronary thrombosis, and the prominence of Q_3, I believe, merits further study in this connection, with especial emphasis on its recognition by Hurxthal's[4] methods.

With regard to table 2, let me point out that in about 60 per cent of the cases the attack was in no way related to physical stress. Of the remaining 40 per cent exertion was, in 17 per cent of the total, only moderate, such as walking or running a machine, and also that more than one half of these attacks (forty-three out of seventy-seven cases) during so-called exertion occurred within an hour after the ingestion of food. Drew Luten[5] made the following observation: "Evidence suggests that coronary constriction induced by gastro-intestinal reflexes may also occasionally play a part in thrombosis." The first group, labeled "exercise," includes not only violent exercise, such as running, but also such exercise as golf, and I have also included the possible stress of surgery and general infections under

TABLE 1.—*Past History in 235 Cases*

Past History	Cases	Approximate Percentage
None	36	15
Angina or previous thrombosis	90	38
Dyspnea (only)	21	9
Paroxysmal nocturnal dyspnea	17	7
Myocardosis	67	30
"Sweating"	5	2
Indigestion	19	8

From the Third Medical Service, Boston City Hospital.
Read before the New York Polyclinic Medical School and Hospital, Nov. 4, 1935.

1. Leary, Timothy, and Wearn, J. T.: Two Cases of Complete Occlusion of Both Coronary Auricles, Am. Heart J. **5**: 412 (April) 1930.
2. Bierring, W. L.: Myocardosis—A Syndrome, J. A. M. A. **101**: 663 (Aug. 20) 1933.
3. Janeway, T. C.: A Clinical Study of Hypertensive Cardiovascular Disease, Arch. Int. Med. **12**: 755 (Dec.) 1913.
4. Hurxthal, L. M.: Identification of the Separate Components of the QRS Complex, Am. Heart J. **9**: 238 (Dec.) 1933.
5. Luten, Drew: Contributory Factors in Coronary Occlusion, Am. Heart J. **7**: 36 (Oct.) 1931.

this title. In the larger group occurring while the patient was at rest (either lying, sitting or at most walking about in a house) 12 per cent occurred after eating and 5 per cent of the patients had been on large doses of digitalis. The relationship to the administration of epinephrine and insulin needs no comment. Dehydration, with possible resulting increase in blood viscosity,

TABLE 2.—*Precipitating Causes in 437 Cases*

	Cases	Approximate Percentage	
Physical stress			
Exercise	57	13	98 cases (22%)
Surgery	26	6	
General infection	15	3	
Moderate or usual exertion			
(45 cases after eating)	..	..	77 cases (18%)
After eating	54	12	226 cases (51%)
Digitalis	23	5	
Epinephrine	5	1	
Insulin	22	5	
Resting			
Dehydration	27	6	
Primary anemia	3	½	
Malnutrition	13	3	
"No cause"	68	15	
Larval	11	2	
Sleeping			
"No cause"	..	..	36 cases (8%)

although present in but a small group, was the only discoverable exciting cause in twenty-seven cases (as was also the case in the group occurring after the ingestion of food). Malnutrition might perhaps be added to this, because of both clinical and theoretical similarity. "No cause" is self explanatory, and by "larval" I mean that type of coronary thrombosis in which the onset is indefinite because so gradual. The group entitled "sleeping" I have again specified as having "no cause," for I believe that the theory that an attack occurring during sleep is precipitated by troubled dreams is untenable, for, both logically and also from an analysis of case histories, its converse would seem true; namely, that the thrombosis has caused the nightmare (even as indigestion may).

From these figures it would seem that it should be possible to foretell attacks of coronary thrombosis in the majority of instances. There is not only the obvious group of patients suffering from angina pectoris or having had a previous occlusion of the coronary artery, comprising about 40 per cent of the total number of cases, but also other signs and symptoms, such as paroxysmal nocturnal dyspnea, which are almost pathognomonic, especially if in combination, and I believe that my estimate of only 17 per cent of the cases giving no history of suggestive signs or symptoms is modest. It is the precipitating causes, however, which I wish to stress, although I realize that there are probably many omissions, such as thyroid dyscrasia or sensitivity to tobacco, which perhaps should be considered. The possible untoward effect of digitalis needs no comment: my observations are, in a way, merely statistical corroboration of work previously done by Gilbert and Fenn [6] and others. Recently there was an excellent discussion by Master [7] on the value of a low calory diet in coronary thrombosis. I have approached this in a different manner, namely, by frequent small feedings (even during the night and early morning hours), in patients suffering from anginal attacks. Furthermore, the influence of dehydration and even malnutrition is perhaps explained by the work of Roemheld and Babkin, as quoted in this article by Master. To my mind, the most important consideration is the infrequency of physical stress (occurring in only 40 per cent of the cases) as a precipitating cause and, conversely, the greater number of attacks occurring during rest. Luten,[8] in commenting on the occurrence of coronary thrombosis during sleep, drew attention to the impoverished coronary circulation due to lowered diastolic pressure and decreased systolic output, most marked during the early morning hours. It might be interesting to speculate on the work of Zwaardemaker [8] and Schwartzman [9] and their claims to have isolated a substance not only from the myocardium but also produced by activity in skeletal muscles, which increases coronary flow. However, it is simpler to base one's conclusions on clinical observation, for it is known that the ordinary patient suffering from angina pectoris, even if it be angina of exertion, is benefited by carefully graded exercise. A recent study,[10] which was based on 500 cases of heart disease in workmen whom I examined impartially for the Massachusetts Industrial Accident Board, persuaded me that the manual laborer who has heart disease but who, for economic reasons, must continue working, has a better life expectancy and also a much later advent of cardiac incapacity than the so-called private patient or "white collar" worker. A consideration of the anatomy and physiology of the coronary arteries, in addition to careful analysis of case histories, leaves a great doubt in my mind concerning any definite causal relationship between physical stress and coronary thrombosis.

587 Beacon Street.

6. Gilbert, N. C., and Fenn, G. K.: Effect of Digitalis on the Coronary Flow, Arch. Int. Med. **50**: 668 (Nov.) 1932.

7. Master, A. M.: Coronary Artery Thrombosis, J. A. M. A. **105**: 337 (Aug. 3) 1935.

8. Zwaardemaker, H.: Ergbn. d. Physiol. **30**: 326, 1921.

9. Schwartzman, S.: Paris M. J., March 8, 1930.

10. Phipps, Cadis: The Relation of Physical Exertion to Heart Disease, U. S. Dept. of Labor, Bureau Lab. Statistics, No. R-149.

THE BLOOD CYANATES IN THE TREATMENT OF HYPERTENSION

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A few years ago I gave a number of patients with hypertension potassium or sodium thiocyanate with results that were generally unsatisfactory. Some showed extreme weakness, nausea and dizziness, while an occasional one seemed to be considerably improved as far as the symptoms and blood pressure level were concerned. In general, it seemed that older patients or those who had a blood pressure elevation over a long period of time seemed to tolerate cyanate therapy less well than the younger group. Careful observation indicated that individual dosage was necessarily dependent on the individual response and the toxicity. An attempt has been made, therefore, to gage the dosage by a study of the cyanate clearance from the body through the urine and a correlation by the blood cyanate level and the blood pressure. The following material is being presented as a preliminary report on such observations extending over a period of four years.

LITERATURE

The pharmacology of the cyanates is very little understood. Claude Bernard [1] made the first observations, which were reported in 1857, and he regarded them as a muscle poison which abolished muscular

Read before the Central Society for Clinical Research, Nov. 3, 1934. From the Renal Clinic of the Departments of Medicine and Physiology of Northwestern University School of Medicine and from the Medical Service of Passavant Memorial Hospital.

1. Bernard, Claude: Leçons sur les effects des substances toxiques et médicamenteuses, Paris, 1857, pp. 354-385.

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activity. Pauli [2] and LeRoy [3] independently noted decreases in blood pressure while studying the cyanates. Nichols [4] reviewed the pharmacologic and therapeutic properties of thiocyanates in 1925. Schreiber [5] showed that it took from two to three weeks for cyanates to return to normal levels in the saliva and in the blood after the administration was discontinued. He indicated that toxic manifestations in the normal individual appeared when the blood cyanates reached 40 or 50 mg. More recently Healy [6] has shown that the cut surface of the adrenal body was strongly positive for the thiocyanates in the cortical portion when potassium thiocyanate was administered to rabbits, which suggested the possibility of the accumulation of the drug in the adrenal. Smith and Rudolf [7] administered sodium thiocyanate to normal individuals. The cyanate was stopped when the blood pressure fell below 100, and none complained of symptoms. From one to eight weeks' time was required for the blood pressure to return to the previous normal level.

A review of the clinical literature brings a great divergence of opinion on the value of the administration of cyanates in hypertension. Goldring and Chasis [8] noted a constant relation between the persistence of the hypotensive effect and the amount of thiocyanate administered. They cautioned that the dose should not exceed 5 grains (0.3 Gm.) daily and that the drug should be discontinued at the first indication of nausea, fatigue or vomiting or with the first distinct fall in blood pressure. Contrary to opinions generally expressed, these authors feel that thiocyanate carefully administered is just as effective and no more apt to produce toxicity in the patient with glomerulonephritis than in hypertension. Their reports on fatal cases, however, show no antemortem blood studies for cyanates. Representative toxic manifestations have been reported by Palmer and Sprague [9] and others.[10] Some [11] are strenuously opposed to the administration of cyanates. Others [12] report no toxic effects in patients closely observed. A review of the individual protocols of dosages reported by the various authors indicates that patients given larger doses more regularly suffered toxic manifestations, while those who gave small doses reported little or no toxicity and often no decrease in blood pressure.

MATERIAL AND METHOD

This report covers observations on forty-five patients with systolic blood pressures well over 200, who have been personally studied in the renal clinic and in private practice during a period of from one to four years. The technic consisted in selecting patients who had been seen regularly and whose blood pressures were followed through periods of from one to four years on various forms of therapy. This should familiarize one with individual variations, influence of seasonal changes and the like, or factors that are so important in evaluating any therapy in this group, as emphasized by Ayman,[13] Davis [14] and others. The patients have been repeatedly studied from the cardiorenal-vascular standpoint, but the details of this work are too extensive to be included here.

It was thought that the factor of individual variations in toxicity might be avoided or controlled by following the blood cyanate level. If so, it was thought that a dose of cyanate might be attained which would reduce blood pressure without causing toxic symptoms.

A modification of Schreiber's [5] technic for the determination of thiocyanates in the blood was developed, which has been simple, once the following standards were made up:

THE ESTIMATION OF THIOCYANATES IN THE BLOOD

Solutions.—1. Ten per cent trichloroacetic acid solution.

2. Ferric nitrate reagent. Dissolve 50 Gm. of crystallized ferric nitrate in 500 cc. of distilled water. Add 25 cc. of concentrated nitric acid and make up to 1 liter with distilled water.

3. Thiocyanate standards: Stock solution. Dissolve about 1 Gm. of potassium thiocyanate in 800 cc. of distilled water. Titrate a 20 cc. portion of a standard silver nitrate solution (made by dissolving exactly 2.9195 Gm. of silver nitrate in 1 liter of distilled water) acidified with 5 cc. of concentrated nitric acid, with the potassium thiocyanate solution, using ferric ammonium sulfate as an indicator. Calculate the amount of water which it will be necessary to add to the potassium thiocyanate solution to make 20 cc. equivalent to 20 cc. of silver nitrate solution. Add the calculated amount of water, mix thoroughly and check the solution by another titration to make sure the potassium thiocyanate solution is exactly equivalent to the silver nitrate solution.

Standard solutions. Make three dilutions of the stock solution to give the following three standards: (1) 100 cc. of stock diluted to 1 liter with water gives a standard which contains 0.5 mg. of the thiocyanate ion in 5 cc. of solution. (2) 70 cc. of stock diluted to 1 liter with water gives a standard which contains 0.35 mg. of the thiocyanate ion in 5 cc. of solution. (3) 40 cc. of stock diluted in 1 liter with water gives a standard which contains 0.2 mg. of the thiocyanate ion in 5 cc. of solution.

Method.—Transfer 5 cc. of the 10 per cent trichloroacetic acid solution to a test tube. Add 5 cc. of serum or plasma. Stopper and shake well. Allow to stand from ten to fifteen minutes. Filter through a small filter paper. The filtrate should be perfectly clear. If it is not, filter again through the same filter paper. Measure 5 cc. of the filtrate into a clean, dry test tube. Add 1 cc. of the ferric nitrate reagent: Mix and read in a colorimeter with the standard solution set at 20 mm., choosing that standard which most nearly matches the unknown. The standards are made as follows: Transfer 5 cc. of each of the three standard solutions to three test tubes. Add 5 cc. of trichloroacetic acid solution and 2 cc. of the ferric nitrate reagent to each. Mix.

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Calculation.—With the standard solution set at 20 mm. for the colorimetric comparison the calculation may be simplified to the three following forms, depending on the strength of the standard.

1. Using the 0.5 mg. standard, 200/reading-mg. of the thiocyanate ion in 100 cc. of serum.
2. Using the 0.35 mg. standard, 140/reading-mg. of the thiocyanate ion in 100 cc. of serum.
3. Using the 0.2 mg. standard, 80/reading-mg. of the thiocyanate ion in 100 cc. of serum.

Before the patient was started on cyanate, all therapy was discontinued and control observations for cyanates in the blood and urine were made. The patients were then given 0.3 Gm. of potassium or sodium thiocyanate daily. They were seen twice a week for the first two weeks and once a week thereafter until an equilibrium between the dosage of cyanate and blood pressure was established. Blood cyanate determinations were made at each visit. A number of patients were hospitalized and then given doses of from 0.3 to 1 Gm. daily for a number of days, until sharp falls in blood pressure or toxicity were noted. Daily cyanate determinations were made on the blood and urine of this group. The urine clearance of cyanates varied greatly, and that feature will be discussed at a later date as a factor of individual tolerance. In the main, no clear-cut information has been gained from the urine clearance alone, but there was a fairly good correlation between the blood cyanates, the toxicity and the reduction of the blood pressure.

RESULTS AND COMMENT

Whenever the cyanates in the blood were raised above 5 or 10 mg., a fall in the systolic and diastolic blood pressures occurred in thirty-five of the forty-five patients studied. Slight toxic manifestations, namely, weakness, ease of fatigue and dizziness, were noted in many of these patients but were not especially disturbing until the blood cyanates were raised above 10

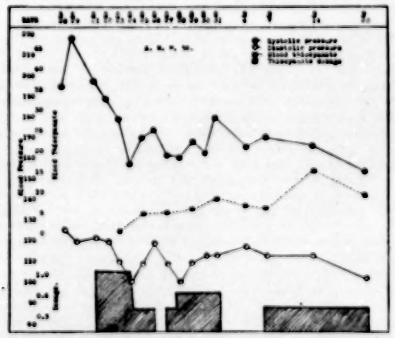

Chart 1.—Clinical course in case 1.

or 15 mg. Toxicity increased rapidly above the blood level of 20 mg., but serious manifestations were not noted until levels from 35 to 50 mg. were reached. From the standpoint of the relief of symptoms and the drop in blood pressure, it seemed that a blood cyanate level from 6 to 10 mg. was ordinarily required. The dosage was found to be individual in each case. For example, one patient required a dosage of only 60 mg., while another required 720 mg. a day to maintain a blood cyanate level of 10 mg. As the cyanate clearance through the kidney improved, the dosage had to be gradually increased during the weeks that followed, if the blood pressure and the blood cyanate levels were to be maintained.

It will be impossible to go into the many details incident to the observations and care of this group of

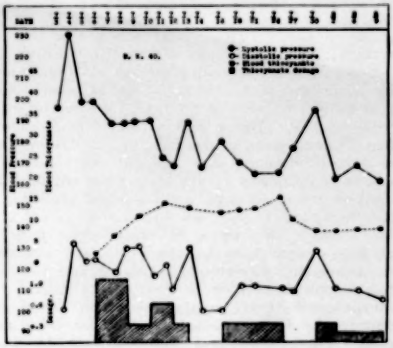

Chart 2.—Clinical course in case 2.

patients, but charts 1 and 2 will indicate typical experiences in general.

Early in the study of two of these patients, severe weakness, vascular collapse and cerebral thrombosis with ultimate recovery was experienced. Both patients had had severe hypertension of long standing and their pressures ranged from 250 to 275 most of the time. The neurologic evidence of thrombosis occurred twelve and thirty-six hours after the vascular accidents were noted. In both of these patients the blood cyanates were found to have risen sharply to levels of 33 and 45 mg. respectively on doses considerably under that recommended in the literature. Without the blood cyanate observations, no doubt such responses would have been regarded as merely intolerance to the drug rather than to an actual overdosage. Such experiences also cause me to suspect that deaths may have occurred in the past, in the course of cyanate therapy, which may have been attributed to the vascular accidents common to the patient with vascular disease (charts 3 and 4). Two other patients were carried to 35 mg. per hundred cubic centimeters without collapse. One complained of much fatigue with only slight reduction of the blood pressure, while the other one complained of great fatigue and somnolence associated with a sharp fall in the blood pressure (chart 5). The return of the blood pressure to the previous high levels lagged behind the reduction of the blood cyanates. This experiment was repeated several times, and the blood pressure was now maintained at from 150 to 180 mm. by a dosage of potassium thiocyanate, which maintains a blood cyanate of 10 mg.

Of the forty-five patients studied with the blood cyanate level controlled, no two have been found that were comparable. Thirty-five of the forty-five have responded with respect to symptoms and blood pressure levels in essentially the following way: A dosage of 0.3 Gm. a day usually was associated with a decrease in nervousness, diminution of headaches and often a beginning fall of blood pressure in from five to seven

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days. At this time the blood cyanates were generally found to be between 5 and 7 mg. per hundred cubic centimeters. The patients then frequently complained of fatigue. Insomnia often changed to somnolence and the blood pressure generally fell from 30 to 50 mm. in the first ten or fifteen days. At that time the blood cyanates were commonly found to be between 8 and 10 mg. per hundred cubic centimeters. To prevent elevations over 10 mg. the dosage was now decreased to 0.3 Gm. three or four times a week. If the blood cyanates were then found to be 10 mg. or over, the administration was discontinued, because, in the instances in which the blood cyanate level rose above 15 mg., increasing symptoms of toxicity were noted. A peculiar aching of the legs and body disturbed an occasional long standing case. Quite a number of patients commented on their increased urinary output. Some of this group had congestive heart failure so that such a diuresis was associated with a return of compensation and loss of edema. A reduction in the size of the heart of four patients was noted. Such responses indicate the importance of the reduction of the load on the cardiac mechanism. One young patient with severe hypertension now under control has noted a great increase in seminal fluid formation, which has persisted for several months. In some patients treated over a long period a severe anemia has developed.

As reported by Borg,[15] this study has not revealed any difference between the sodium and the potassium salt. The toxic manifestations, hypotensive effect and blood levels for these two salts have been essentially the same. No skin manifestations have been noted to date. Three patients have shown a peculiar myxedematous swelling of the tissues of the face, orbital areas and cervical regions. One occurred in a woman after one year and the other occurred in a woman after fifteen months of the administration of cyanate. In the latter

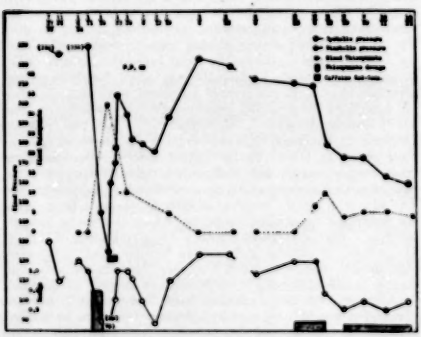

Chart 3.—Clinical course in case 3.

a large thyroid, hoarseness, swollen face and heavy jowls developed. The basal metabolic rates were only slightly reduced (— 18, — 9). In one man a diffusely enlarged thyroid gland developed after ten months' administration of potassium thiocyanates. His basal metabolism had fallen from + 19 to — 9. The enlarged thyroids returned to normal size on the administration of desiccated thyroid. Such observations have questionable relation to the cyanate therapy, but they cause one to be alert for other evidences of possible endocrine effect. One cannot help recalling the diffuse thyroid enlargement noted in rabbits after the feeding of cabbage, which has been considered to be possibly of cyanate origin.

Ten of the forty-five patients showed little or no response to cyanate therapy. Two of this group

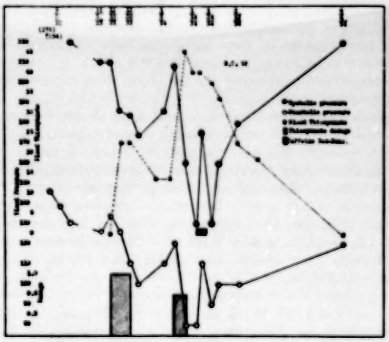

Chart 4.—Clinical course in case 4.

required larger doses (0.6-1 Gm. daily) to maintain the blood cyanates over 8 mg. No relief of blood pressure or its attendant symptoms could be otherwise obtained. Symptoms of toxicity, especially fatigue, often were as annoying as those of the hypertension. Although occasionally one of these patients felt better on such doses, it has been difficult to keep the pressure below 200 mm. Attempts to effect a further reduction were attended by toxic manifestations, and the cessation of cyanate therapy was soon followed by a return of the blood pressure to its former levels of from 230 to 280, with all the old symptoms. Three of this group showed no immediate response, but, on a dosage sufficient to maintain a blood cyanate level of from 9 to 15 mg. for from three to four months, a cessation of the fluctuations to high levels was noted. In these patients the systolic pressure appeared to stabilize at the lower level; namely, about 200 mm. for a time and then a gradual reduction of both systolic and diastolic levels occurred, so that these three patients are now maintained around 150 or 170 mm. The remaining five patients showed no response other than toxic manifestations of a severe degree. Although the reason for the patients to fail to respond to cyanate therapy is not clear, it was evident that the most resistant cases presented well advanced arteriosclerosis. Some older patients with severe hypertension of several years' standing were "cyanate sensitive" and have been almost as easily stabilized as any of the younger nonsclerotic group.

In general, if the patient is found to be able to tolerate the cyanates it seems much more satisfactory to effect a gradual reduction of the blood pressure so that he may become adjusted to the change. After the blood pressure has been maintained at a lower level for from one to three months, a great improvement of the patients' symptoms is generally noted. The first period of weakness passes and a feeling of well being and a return of energy follow. Although the complications are many and varied, the benefits derived in those

15. Borg, J. F.: Experiences in the Use of Sulphocyanates, Minnesota Med. 13:293 (May) 1930.

responding favorably, as manifested by a decrease in blood pressure with the relief of subjective symptoms and congestive heart failure together with the improvement of urea and uric acid clearance, the reduction of total serum proteins and phenols in the blood so frequently noted would indicate that the cyanates are worthy of further study.

SUMMARY

Forty-five patients with hypertension have been given sodium or potassium thiocyanate and the concentration of the cyanates in their blood has been followed. The reduction of blood pressure and the relief of symptoms obtained in thirty-five of the forty-five roughly corresponded to the level of the cyanates in the blood. The optimum therapeutic level would seem to range between 8 and 12 mg. per hundred cubic centimeters and significant toxicity begins to appear at from 15 to 30 mg. The individual tolerance varies greatly, the different levels being obtained with widely varying doses. The cyanates may reach hazardous concentrations very quickly in some individuals, so that the administration of the thiocyanates is believed to be dangerous unless controlled by close observation and blood cyanate determinations.

REPORT OF CASES

Case 1.—A. H. M., a man, aged 56, an executive under observation for three years, complained of nervousness, heart consciousness, tremor and occipital headaches. Blood pressure

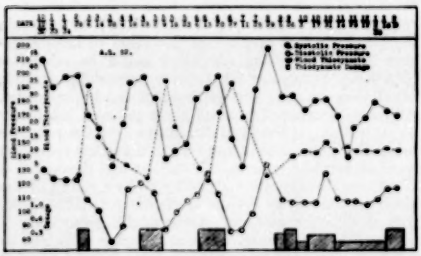

Chart 5.—Clinical course in case 5.

fluctuations were noted between 190 and 230 systolic and 120 and 130 diastolic, the average being 200/120. A dosage of 1 Gm. of potassium thiocyanate for four days was followed by a drop in both systolic and diastolic pressure. A fluctuation of readings was noted for a few days, followed by a leveling of the pressure at about 165/110 on 0.6 Gm. (chart 1). During the past two years his blood pressure has been maintained between 155 and 170 systolic and 90 and 100 diastolic on a dosage which maintains the blood cyanates at about 10 mg. A complete relief of symptoms was noted after the first three months of cyanate therapy. His maintenance dose is between 2 and 3 Gm. a week. Two attempts at stopping the drug were associated with a return of blood pressure elevation and symptoms after about four weeks.

Case 2.—B. K., a housewife, aged 40, complained of severe pounding occipitofrontal headaches, dizziness, ringing in the ears, nervousness, insomnia, emotional instability, heart consciousness and weight loss. A known hypertension for five years and personal observation for one year revealed a blood pressure of 195-230 systolic and 100-130 diastolic, the average being 215/120. A dosage of 1 Gm. of potassium thiocyanate for two days was reduced to 0.3 Gm., and in sixteen days the fluctuant period had passed and the patient's blood pressure was rather constant at 165 systolic and 110 diastolic (chart 2). She was most grateful, because she was now sleeping very well and was entirely free from headaches. The blood cyanates increased to 15 mg. by the nineteenth day after the cyanate therapy was started and she started to complain of fatigue and somnolence. The cyanates were discontinued for one week and a return of pressure began, which was again reduced with readministration of the drug. The maintenance dose was found to be 0.2 Gm. of potassium thiocyanate for the next two months and during the next eight months was 0.3 Gm. daily. The blood cyanate level noted at the optimum blood pressure readings was between 8 and 10 mg.

Case 3.—F. P., a man, aged 68, a retired broker, admitted to the hospital Aug. 27, 1933, had had a severe hypertension for a known duration of five years, with moderately severe congestive failure. A diuretic regimen of low sodium diet, ammonium nitrate, digitalis and mercurials brought him to a fair circulatory balance, but as soon as he was allowed up or out of the hospital the congestive failure returned. The blood pressure ranged between 238 and 250 systolic after six months of care. He was markedly sclerotic but it was decided to try cyanate therapy. He was given 0.6 Gm. of potassium thiocyanate and on the fourth day he became pale, very weak and confused, and the blood pressure fell to 124/70 within a few hours. A cerebral thrombosis with a right hemiplegia, loss of speech and difficulty in swallowing came twelve hours later. The blood cyanates were found to be 33 mg. Caffeine with sodium benzoate in 5 grain (0.3 Gm.) doses every two hours seemed to revive the vascular tone (chart 3, 1/16/34). The cerebral lesion gradually cleared and the blood cyanates returned to normal in fifty days. The blood pressure returned gradually to somewhat over 200 and the heart failure reappeared. A cautious resumption of a dosage of 0.2 Gm. of potassium thiocyanate again caused a sharp fall of the blood pressure and later the maintenance dose was found to be 0.1 Gm. Renal clearance has improved so that one year later he requires 0.5 Gm. potassium thiocyanate daily to maintain a blood cyanate of 8 to 10 mg. He seems to be in splendid health without diet, rest or any other form of therapy. The blood pressure averages 160/100.

Case 4.—R. C., an executive, aged 52, who had had a severe hypertension of seven years' duration, had had a cerebral hemorrhage with slight residuals five years before this study was made. Personal observation of two years had shown blood pressure fluctuations of 240-300 systolic and 140-170 diastolic, and a moderately severe congestive heart failure was present much of the time despite energetic therapy. Sedatives and venesections reduced the average pressure to 210/130 on three periods of hospitalization. Within two or three weeks after the patient resumed activity the blood pressure would be found at the previous high levels. He was again hospitalized and, after his blood pressure seemed stabilized, ten doses of 1 Gm. of potassium thiocyanate administered on consecutive days were associated with a significant drop of the pressure (185/110). The medication was stopped and the blood pressure soon began to return to its former level. After discharge from the hospital he was instructed to take 0.6 Gm. of potassium thiocyanate daily and to return biweekly for observation. The patient drank the medication directly from the bottle without measuring the dosage and he was found at home in vascular collapse (chart 4, 1/16/34) with a blood pressure of 128/80. Large doses of caffeine with sodium benzoate seemed to revive him greatly and the blood pressure rose much after the manner noted following caffeine administration in quinidine intoxication. His blood cyanates were found to be 45 mg. and it required nearly four months for them to return to normal. During the first half of this recovery period the patient was disoriented, confused and extremely weak. There was a marked defect of speech. The return of the blood pressure with resistant heart failure caused a cautious resumption of the thiocyanates. At first 0.3 Gm. a week was sufficient to maintain a 10 mg. blood cyanate level and an associated blood pressure of 180-200 systolic and 90-110 diastolic. The renal cyanate clearance has improved in the past year so that it is necessary to give 3 Gm. a week to maintain the blood cyanate level of 10 mg. During this period the heart failure has not returned and the pressure remains slightly under 200/110, which he seems able to sustain without untoward effects.

Case 5.—A. S., a woman, aged 52, unemployed, had had a known hypertension of sixteen years' duration. She had been

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under my personal observation for two years prior to this study. Her symptoms were headache, insomnia, emotional instability, nocturia and chronic congestive heart failure. Her record is striking in that she was "cyanate sensitive," and the blood cyanate and the blood pressure curves are quite reciprocal. At first a dosage of 0.3 Gm. would raise the blood cyanates to 35 mg. and the blood pressure would drop sharply. This fall continued for about three weeks after the drug had been discontinued (chart 5). Extreme fatigue was associated with elevations of blood cyanate over 15 mg. Renal clearance of cyanates gradually improved so that as time went on the dosage period required to raise the blood cyanates to the previous level of 35 mg. had to be increased. Chart 5 shows this relation clearly, and it also shows that the patient had now reached a continuous dosage of 0.3 Gm. of potassium thiocyanate daily in order to maintain a blood cyanate of 10 mg. This level of blood cyanates has continued to be associated with a blood pressure of 170 systolic and 110 diastolic most of the time. It is noteworthy that the patient has been without any dietary program or cardiac therapy for one year and feels quite well. She sleeps well and suffers no more headaches, and the emotional state is normal.

303 East Superior Street.

THE TRAINING OF INTERNS IN SYPHILOLOGY

IN HOSPITALS APPROVED FOR INTERNSHIPS

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AND
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It is conservatively estimated, on the basis of reliable data from many sources, that the prevalence of syphilis in the United States is about 5 per cent of the population, or approximately 6,000,000 men, women and children. Extensive authoritative studies have shown that at any one time not more than one tenth or one eleventh of the total existing cases of syphilis are under medical care. The vast number of unrecognized cases still constitutes one of the major public health problems.

The rôle of the private physician in the control of syphilis is necessarily an important one, since many of the unrecognized cases pass through his hands and will go untreated if he does not discover them. It has been shown that as yet about 72 per cent of all known cases of syphilis are under treatment by public clinics and specialists. The inadequate rôle that the private physician plays in the matter is one of the great obstacles to the control of syphilis.

Two questions are therefore pertinent: (*a*) How generally and effectively do the medical schools prepare their students for the modern diagnosis and treatment of syphilis? (*b*) To what extent do hospitals provide practical training and experience in the matter in the training of interns?

In 1933 the American Social Hygiene Association made a study of instruction regarding syphilis in American medical schools.[1] It showed a very wide range of standards from the worst to the best in this regard. In less than half the schools the standards of teaching about syphilis seemed reasonably satisfactory, and in only a few schools high. In many of the rest the standard was extremely low. The conclusion was reached that it was urgent that the standard which prevails in the best schools in this matter become more nearly the common standard of all the schools.

1. Exner, M. J.: Am. J. Syph. 17:449 (Oct.) 1933.

A study has now been made of the practices of hospitals, approved for internships, in training interns in syphilology, by the Council on Medical Education and Hospitals of the American Medical Association in cooperation with the American Social Hygiene Association.

Five hundred and ninety-four hospitals in forty-two states answered the inquiry. The number of hospitals by states range from one in each of four states to eighty-four in one state, namely, New York. States in which the largest number of replies were received are given in table 1.

TABLE 1.—*States Sending Largest Number of Replies*

New York	84	Massachusetts	33
Pennsylvania	65	Ohio	32
Illinois	45	California	30
New Jersey	34	Michigan	24
Total	347		

Of the 594 hospitals reporting, 331 have an outpatient service and 263 have not.

Wide variation among states is shown in the proportion of hospitals having an outpatient service. For example, for the states leading in numbers of hospitals (table 1) the proportions are as given in table 2.

Of the total 331 hospitals that have an outpatient service, 314 make the syphilis service available to interns and seventeen do not.

Of the 314 hospitals that make the syphilis service available, 243 require the service of interns (twenty-one of these require it of some interns only) and seventy make the service optional. One hospital did not answer the question.

In this matter also of making the syphilis service a requirement of internships, there is a large range of variation among the states (table 3).

Of the 314 hospitals in which syphilis service is available to interns, 304 report that in this service interns work under experienced supervision. The other ten did not answer the question. Experienced supervision is necessary if interns are to profit by service in an outpatient syphilis clinic; without such supervision the tour of duty in the syphilis clinic has little educational value for the interns but important risks for the patients.

DURATION OF REQUIRED SERVICE IN WEEKS

Of the 243 institutions that require syphilis service of interns, 228 indicate the duration of assignments in weeks. The assignments range from two weeks to thirty-four weeks, the average being ten weeks. The variation in leading states in the number of hospitals is shown in table 4.

TABLE 2.—*Hospitals Providing Outpatient Service*

	Number of Hospitals	Outpatient Service Provided	
		Yes	No
New York	84	55	29
Pennsylvania	65	58	7
Illinois	45	11	34
New Jersey	34	25	9
Massachusetts	33	19	14
Ohio	32	16	16
California	30	20	10
Michigan	24	10	14
Totals	347	214	133

A more true quantitative test of syphilis service requirements than assignments in weeks is the number

of hours devoted to it. In regard to this an even greater variance is found to exist. The highest requirement is 720 hours, the lowest is six hours, and the average is fifty-eight hours.

The average standard of requirement in these 243 hospitals is, then, an assignment of ten weeks to syphilis service at a little less than six hours per week, or a total of about sixty hours.

The record of assignments in hours in the leading states is given in table 5.

TABLE 3.—*Hospitals Making Syphilis Service a Requirement*

	Hospitals in Which Syphilis Service is Available to Interns	Required	Optional
New York	46	24	22
Pennsylvania	57	48	9
New Jersey	23	20	3
Massachusetts	17	15	2
Ohio	15	12	3
California	19	17	2
Michigan	10	9	1
Missouri	5	6	3
Wisconsin	7	4	3
Texas	11	10	1
Connecticut	7	5	2
Maryland	8	5	3
Minnesota	7	7	0

TABLE 4.—*Variation in Duration of Assignments in Weeks*

	Institutions Requiring Syphilis Service of Interns	Duration of Assignments in Weeks		
		High	Low	Average
New York	24	32	3	13
Pennsylvania	48	13	4	9
Illinois	6	8	4	7
New Jersey	20	26	6	10
Massachusetts	15	17	6	12
Ohio	11	26	4	11
California	17	13	4	7
Michigan	9	13	4	6
Missouri	6	13	2	8
Wisconsin	4	34	3	19
Texas	9	26	4	12
Connecticut	4	11	6	8
Maryland	4	13	6	10
Minnesota	7	8	2	6
Total	184			

It may be noted that the four states which lead in high and in average assignments in weeks are, in order, Wisconsin, New York, Texas and Ohio, whereas the four states which lead in assignments in hours are, in order, Massachusetts, Ohio, Minnesota and New York (table 6).

When all the states are considered, regardless of the number of institutions, the highest average records in hours assigned to syphilis service are held by Iowa, Virginia, Alabama and the District of Columbia (table 7).

DURATION OF OPTIONAL SYPHILIS SERVICE IN HOURS

Of the seventy institutions in which syphilis service by interns is made optional, only fifty-nine state the percentage of interns who avail themselves of the opportunity and forty-seven give the number of hours devoted to it, as is shown in table 8.

COMMENT ON DATA

With regard to syphilis service being made available to interns, it may be suggested that the noteworthy fact is not that, of 331 hospitals which have an outpatient service 314 make the syphilis service available, but rather that as yet seventeen hospitals do not make it available.

One of the most striking and significant facts of this study is the wide variation among the hospitals in the assignment of interns' time to syphilis service, ranging from a low of two or three weeks in five hospitals to a high of thirty-four weeks in one hospital, and a low of six hours to a high of 720 hours. While other factors undoubtedly enter in, the wide diversity in the policies and practices of hospitals in this matter may in the main be taken to measure the degrees of conviction on the part of hospital authorities as to the importance of training interns in the modern diagnosis and treatment of syphilis. The importance of syphilis as a public health problem and the fundamental rôle played by the private general physician in attempts to solve this problem would seem to leave no question as to the importance of a uniform policy on the part of all hospitals training interns of aiming to prepare all medical graduates to diagnose and treat at least the ordinary, uncomplicated cases of syphilis.

TABLE 5.—*Variation in Assignments in Hours*

	Number of Institutions	High	Low	Average
New York	24	300	6	61
Pennsylvania	48	144	10	32
Illinois	6	126	40	78
New Jersey	20	104	12	37
Massachusetts	15	720	16	94
Ohio	11	300	10	91
California	17	180	9	47
Michigan	9	102	8	51
Missouri	6	130	20	65
Wisconsin	4	40	6	23
Texas	9	180	12	54
Connecticut	4	50	20	33
Maryland	4	24	15	20
Minnesota	7	200	6	79

TABLE 6.—*Comparison of the Four States Which Lead in Assignments in Weeks and in Hours*

	Assignments in Weeks				Assignments in Hours			
	Number of Institutions	High	Average		Number of Institutions	High	Average
Wisconsin	4	34	19	Massachusetts	15	720	94
New York	24	32	13	Ohio	11	300	91
Texas	9	26	12	Minnesota	7	200	79
Ohio	11	26	11	New York	24	200	61

TABLE 7.—*Highest Average Hours Assigned*

	Number of Institutions	Assignments in Hours	
		High	Average
Iowa	2	200	168
Virginia	2	300	134
Alabama	3	200	130
District of Columbia	4	300	106

In view of the extremely low standards of requirement in some hospitals in this matter, it would seem reasonable to suggest that all hospitals now requiring less than the average period of syphilis service, namely, ten weeks including sixty hours, should as soon as possible attain at least this as a minimum period of service in the syphilis clinic required of interns.

It was shown that, in hospitals in which syphilis service by interns is made optional, the percentage of interns who avail themselves of the opportunity ranges

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from a low of none in one state to a high of 100 in eight states. (In four of these eight states only one institution in each state is represented.) The average percentage by states of interns who take syphilis training ranges from 33 to 100.

We observe also that the number of hours devoted by interns to optional syphilis service ranges from a low of ten to a high of 300, the average range, by states, being from ten to 109 hours. In eight of the seventeen states that report the optional hours devoted to syphilis service, the average falls below fifty hours. While much improvement in this matter is called for, there does seem to be a fair degree of spontaneous interest in the subject of syphilis on the part of interns.

CONCLUSIONS

Training of interns in syphilology constitutes a vital factor in the control of syphilis.

In the seventeen hospitals that have an outpatient service but do not make the syphilis service available to interns, a reconsideration of policy is to be recommended.

In the seventy institutions that leave syphilis service by interns optional, a change to required service of adequate extent is important as a measure toward the control of syphilis.

The comparatively high standard of requirement that prevails in a considerable proportion of hospitals needs to become more nearly the common standard of all hospitals. It seems reasonable to expect that none should fall below the present average; namely, ten weeks, including sixty hours of required syphilis service under experienced supervision.

50 West Fiftieth Street.

TABLE 8.—*Duration of Optional Syphilis Service*

	Number of Institutions	Per Cent Taking Training			Number of Hours			No Answer
		High	Low	Average	High	Low	Average	
Alabama	1	100	100	100	...	..	...	1
California	2	50	15	33	200	18	109	..
Colorado	2	80	30	55	10	10	10	..
Illinois	1	50	50	50	78	78	78	..
Iowa	1	100	100	100	30	30	30	..
Kansas	1	100	100	100	45	45	45	..
Kentucky	1	100	100	100	60	60	60	..
Louisiana	1	70	70	70	24	24	24	..
Maryland	2	88	10	38	100	50	75	1
Massachusetts	2	100	75	88	50	50	50	..
Michigan	1	50	50	50	...	..	..	1
Missouri	3	50	16	39	124	20	72	1
New Jersey	3	85	33	59	156	20	88	..
New York	22	100	0	41	200	15	72	14
Ohio	3	90	33	71	30	24	27	1
Oklahoma	1	80	80	80	40	40	40	..
Pennsylvania	8	100	10	78	100	14	29	2
Washington	2	50	33	42	32	32	32	1
Wisconsin	3	100	75	88	204	15	102	1
Totals	80							23

Bones as Human Food.—Bones are, in fact, much more largely and widely utilized as human food than the people of western Europe and their descendants in the United States seem to realize. Nearly all other peoples are much more accustomed to eat the soft ends and porous interiors of the large bones of their prey or of such domestic animals as they may use for food, while the bones of birds and small game are often munched entire, just as we eat bits of brittle toast. Studies of the food habits of the peoples of both the Near and Far East, of Eskimos, of American Indians, and of native African races have shown that all these peoples make large use of bones as foods.—Sherman, H. C.: Food and Health, New York, Macmillan Company, 1934.

TOXICITY OF CARBARSONE

ACUTE FATTY DEGENERATION OF THE LIVER, EXFOLIATIVE DERMATITIS AND DEATH FOLLOWING ITS ADMINISTRATION

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P-carbaminophenylarsonic acid ($H_2O_3As.C_6H_4.NHCONH_2$) is a comparatively recent addition to the armamentarium of the modern medical practitioner. Its use dates back to January 1932, when it was introduced by Reed, Anderson, David and Leake,[1] although experimental studies were started at least two years previously. This compound is marketed by Eli Lilly & Co. under the name of carbarsone and is supplied in capsules of 0.25 Gm. (3¾ grains) each. It contains 28.85 per cent arsenic and has been accepted by the Council on Pharmacy and Chemistry of the American Medical Association.[2]

Although this product is an arsenical closely related chemically to tryparsamide and acetarsone ("stovarsol"), it is surprisingly nontoxic. To date, no serious reactions or deaths have been reported following the rectal or oral administration of this drug. In general, the pentavalent arsenicals, including tryparsamide and carbarsone, are less toxic than the trivalent group as exemplified by arsphenamine, neoarsphenamine, silver arsphenamine, sulfarsphenamine, bismarsen and mapharsen.

The possibility of carbarsone producing fatalities by overdosage has long been recognized. Reed, Anderson, David and Leake [1] quote minimum lethal doses for various laboratory animals. However, the following case history is the first death and autopsy in a human being following the administration of carbarsone that could be found in the available medical literature:

REPORT OF CASE

The history obtained of this patient was somewhat unsatisfactory. During her stay in the hospital, she was irrational and disoriented, so it was necessary to obtain the history from her husband and from the private physician who took care of her during the month preceding her entry to the hospital.

Mrs. A. J., aged 55, white, had suffered from anorexia and diarrhea for several months before she was seen by the previous physician. She was having from eight to ten liquid bowel movements a day and some of these were said to have been black. There was no history of nausea, vomiting or abdominal pain. She visited a number of doctors and was given several medicines but she di ' not experience any relief and so did not continue their use for more than a few days before visiting another doctor. No one knew the names of any of these physicians or the nature of the medicines she had taken.

One month before entry she was seen by the practitioner who prescribed the carbarsone. He states that at that time she was in very poor physical condition. Examination of the stool revealed that it contained Giardia in large numbers but was otherwise normal.

Therapy consisted of carbarsone, camphorated tincture of opium and ventriculin. She took a total of 5 Gm. of carbarsone by mouth during a period of ten days. Another 2.5 Gm. was administered in enemas, which were not retained. As she

From the Department of Dermatology and Syphilology, Los Angeles General Hospital.

1. (a) Reed, A. C.; Anderson, H. H.; David, N. A., and Leake, C. D.: Carbarsone in the Treatment of Amebiasis, J. A. M. A. **98**: 189 (Jan. 16) 1932. (b) Leake, C. D.: Chemotherapy of Amebiasis, ibid. **98**: 195 (Jan. 16) 1932.

2. Carbarsone, Reports of the Council on Pharmacy and Chemistry, J. A. M. A. **103**: 258 (July 28) 1934.

weighed 60 Kg. (150 pounds), this represents a total oral dose of 83.3 mg. per kilogram of body weight.

Two days before entry she first complained of a pruritic eruption and the carbarsone was immediately withdrawn. Despite this the patient became disoriented and was admitted to the Los Angeles General Hospital on July 12, 1935.

On entry the patient appeared acutely ill but did not appear to be having any pain. She was unable to give any history and answered "no" to most questions. The mucous membranes were pale and the skin was dry, shiny, smooth and erythematous. The entire body was covered by a scaling eruption, which was most marked on the extremities, especially the lower ones. The scales varied in size but tended to be about the size of a half-dollar (30 mm.). Numerous excoriations were present. There was no clinical evidence of jaundice.

The hair was dry, gray and lusterless. The eyes, ears, nose and neck were normal. No mucous membrane lesions were noted, although the lips were dry and the throat was slightly reddened. She was edentulous. Shotty bilateral cervical and inguinal lymph nodes could be felt. The breasts were normal on inspection and palpation. The lungs were clear. The heart was slightly enlarged to the left but was otherwise normal. The systolic blood pressure was 120 mm. of mercury and the diastolic pressure was 70 mm. of mercury. The radial pulses were normal. The peripheral vessels were sclerotic on palpation. The abdomen was distended, the umbilicus flattened and there was nonshifting dulness in the flanks. Neither the liver nor the spleen was palpable. Other than the crustaceous dermatitis, the extremities showed no abnormalities. In general, the deep reflexes were sluggish but equal and the superficial reflexes were normal.

Laboratory studies on entry revealed a marked anemia. The blood count showed a hemoglobin of 46 per cent (Sahli) and 2,640,000 red blood cells per cubic millimeter of blood. The color index was 0.88. Slight anisocytosis, poikilocytosis, hypochromasia and polychromasia were present. The count further showed 5,650 white blood cells per cubic millimeter of blood. A differential count revealed 67.5 per cent polymorphonuclear leukocytes, 13.5 per cent lymphocytes, 4 per cent eosinophils and 15 per cent monocytes. The morphology of the polymorphonuclear leukocytes and the number of platelets appeared to be normal on the blood smear. The Wassermann and Kahn reactions on the blood were negative.

The urine was dark brown and had a specific gravity of 1.018. Its reaction was acid to litmus paper. A trace of albumin was present, but tests for sugar and acetone were negative. Microscopically a few red blood cells, white blood cells and epithelial cells were seen. No casts were noted. One test failed to demonstrate the presence of arsenic in the urine.

A large stomach tube was passed and a small amount of food that had been consumed twelve hours previously was aspirated. A gastric analysis was done later and neither free nor total hydrochloric acid could be demonstrated even after the injection of histamine.

The stools were liquid, and examination failed to reveal the presence of blood, purulent material or parasites.

Owing to the fact that none of the patient's skin was normal, neither patch nor scratch tests were performed with carbarsone.

Therapy consisted of sedatives (phenobarbital sodium and amytal compound), analgesics (codeine), high caloric diet, fluids (by mouth, subcutaneously and intravenously, including dextrose), antianemics (ferric ammonium citrate and reduced iron), intramuscular liver injections, sodium thiosulfate intravenously (a total of 5 Gm.), dilute hydrochloric acid in water with her meals, calcium gluconate by mouth and agents to control the diarrhea (camphorated tincture of opium and bismuth subcarbonate).

Local remedies employed included a bismuth and zinc oxide cream containing 1 per cent phenol, theobroma oil at night, starch baths daily and a lotion consisting of solution of coal tar, N. F., 6. cc.; zinc oxide, 24 Gm.; corn starch, 24 Gm.; glycerin, 36 cc., and sufficient water to make 120 cc. Mix and apply locally as required.

Under this treatment the patient progressed satisfactorily for more than a week. The diarrhea was decreasing, the dermatitis was clearing and her general mental and physical condition was improving. July 21 she was given a transfusion of 500 cc. of citrated blood. Temporarily this aided her even more. However, the following day she vomited for the first time, vomiting up her lunch and supper. The next morning at about 1:30 she suddenly became weak, cold and lethargic. The radial pulse became very rapid and was difficult to obtain on palpation. Caffeine and epinephrine therapy produced only temporary improvement. She did not speak and showed no signs of recognizing any one. She scratched herself constantly, but when her hands were held away from her body she scratched the bedclothes or whatever was at hand. The reflexes were normal at this time.

Previously there had been a daily elevation of temperature to 38 C. (100.4 F.) but her temperature dropped to normal on July 22 and remained so until her death. Edema of the hands and feet developed coincidentally with a decrease in the urinary output to from 150 to 200 cc. daily. A urinalysis just prior to death was approximately identical with the one already mentioned except that there was a large amount of bile and a slightly increased urobilin content. The test for acetone also was positive.

The diarrhea was never completely controlled but at the time of death had decreased to four liquid movements a day. The flatulence increased and was not relieved by turpentine stupes, enemas or the insertion of a rectal tube.

July 25 the patient first developed a visible icterus of the skin, although the sclerae were clear. The liver became enlarged and deep palpation in the right upper quadrant of the abdomen would cause her to wince. Some rigidity was present in this location. Her neck also became very rigid and a lumbar puncture was performed. The initial pressure was 160 mm. of water and the Queckenstedt test was normal. A light greenish yellow fluid was obtained, which contained 20 lymphocytes per cubic millimeter of spinal fluid. The test for globulin was negative and the sugar content was normal. The Wassermann reaction was negative and the benzoin curve was 0000000000000. The following day the icterus index of the blood was reported as being 100, while the nonprotein nitrogen was 80 mg. and the creatinine was 2.7 mg. per hundred cubic centimeters of blood.

Despite stimulation, the patient quietly died at 12:45 a. m., July 27.

An autopsy was performed nine hours after death.

The brain weighed 1,125 Gm. and appeared to be grossly normal except for a slight dulness of the arachnoid and some generalized edema. Sectioning the organ revealed a moderate amount of cerebral arteriosclerosis. Histologic examination of the frontal region showed some sclerotic change in the nerve cells and there was a marked oligodendrogliosis in the underlying white matter, with phagocytized pigment in the perivascular spaces. Some of the nerve cells had undergone fatty degeneration. A section taken through the white matter demonstrated an increase in oligodendroglia with acute swelling of these cells; but no evidence of petechial hemorrhage could be found. Examination of the medulla showed only engorgement of the blood vessels. The optic nerves were normal on macroscopic and microscopic examination. Chemical analysis revealed that the brain contained 0.02 mg. of arsenic per hundred grams of tissue.

On exploring the thoracic cavity, a few small adhesions were found at the apex of the left lung. The pleurae and pleural cavities were otherwise normal. Both lungs were crepitant throughout and cut sections showed only slight hyperemia. The left lung weighed 325 Gm., while the right weighed 375 Gm. Slight hyperemia could also be noted on microscopic examination but no evidence of pneumonia was found. The bronchi and alveoli were slightly thickened but were otherwise normal.

The pericardium was clean and smooth and the pericardial cavity contained no fluid. The heart weighed 325 Gm. The myocardium was not thickened but showed very slight fibrosis. The coronary arteries were explored and found to be normal. The valves were not remarkable except for a slight thickening of the mitral valves.

The aorta showed marked atheromatous changes extending from the arch to the common iliac arteries. There was also

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a small amount of lymphocytic infiltration in the tunica media and the tunica intima of the aorta. The renal arteries were moderately sclerotic but the other branches of the aorta were grossly normal. No abnormalities of the pulmonary vessels were noted.

The component parts of the gastro-intestinal tract were normal. The observations failed to explain the cause of the diarrhea and the black stools that were noted. The pancreas was normal. The spleen, which weighed 125 Gm., was grossly normal but histologic examination revealed a few small areas of fibrosis and an increase in the amount of hematogenous pigment present.

The liver was enlarged and weighed 2,450 Gm. The surface was smooth and homogeneous in appearance and was light yellow. A normal amount of resistance was encountered in sectioning the organ. Cut surfaces showed normal lobulations, although the markings were fainter than usual. The extrahepatic ducts and vessels were normal. Microscopically, the hepatic cells had undergone an acute fatty degeneration and the cytoplasm of each cell contained fat globules. In some portions of the slide, small areas of hemorrhagic necrosis could be seen. There was a moderate lymphocytic infiltration in the periportal spaces and a few polymorphonuclear leukocytes were present. The interlobular fibrous tissue was slightly increased and a number of new bile ducts had been formed. The liver was 65 per cent fat by weight and contained 0.03 mg. of arsenic per hundred grams of tissue. Cultures taken from the liver on the autopsy table failed to demonstrate the presence of Endamoeba histolytica.

The kidneys weighed 225 Gm. each and were slightly enlarged. Both organs were otherwise grossly normal except for a small retention cyst in the left kidney. On microscopic examination there were a few deposits of bile in the tubular epithelium, and a few areas of tubular necrosis were present. A large number of the cells lining the tubules had undergone cloudy swelling. The renal stroma showed a slight increase in fibrous tissue. The glomeruli were normal. The renal tissue contained 0.1 mg. of arsenic per hundred grams. The remainder of the urinary system was normal. All the genital organs were atrophic.

The adrenals showed slight cortical degeneration and a few hematogenous pigment deposits. The other endocrine organs were normal.

TOXICITY OF CARBARSONE

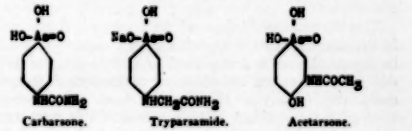
As stated before, carbarsone is a relatively innocuous drug when compared to related arsenical compounds that also contain benzene rings. Anderson and Reed,[3] in a series of 330 cases treated with carbarsone, found no evidence of skin, optic nerve or kidney damage. However, some of their patients experienced slight gastric upsets. One with a history of previous liver damage developed an acute hepatitis, but this rapidly disappeared within five days after the withdrawal of the drug. In this series the total dosage ranged from 75 to 2,100 mg. per kilogram of body weight given in divided doses over a period of fifteen months.

Fearington [4] has given graduated doses of carbarsone up to totals of 150, 300, 600, 800 and 1,200 mg. per kilogram of body weight over a period of forty-eight weeks. This was given by administering the drug for four weeks and then following with a four weeks rest. In his series, Fearington noted no evidence of toxicity according to clinical studies including visual field determinations, blood examinations and urinalyses at intervals of four weeks.

Minimum lethal dosage tables have been worked out for various laboratory animals.[1a] This includes 150 mg. per kilogram of body weight for guinea-pigs, 200 mg. per kilogram of body weight for rabbits and from 200 to 250 mg. per kilogram of body weight for cats. This dose causes lethargy, loss of weight, abdominal distention, diarrhea, sluggish reflexes and failure of the pupils to respond to light. It should be noted that the patient described in this report exhibited all these signs and symptoms with the exception of the last named. Autopsies performed on animals given a minimum lethal dose of carbarsone showed necrosis of the kidney with tubular degeneration. When the dosage was confined to the therapeutic range, no signs of toxicity were noted and in those animals later killed by air embolism and examined anatomically no pathologic alterations were discernible.

In human beings a number of mild reactions have been reported, but none of these have led to serious consequences. One case was reported to the Council on Pharmacy and Chemistry of the American Medical Association in 1934.[2] This patient had received 0.25 Gm. of carbarsone twice a day for six days. On the fourth day he complained of a headache and on the following day generalized pruritus was noted. On the sixth day a slight scaling erythematous eruption developed on the forearms. All signs of toxicity cleared within forty-eight hours after the withdrawal of the drug.

Dr. Frank Smithies [5] reported a number of cases with reactions following carbarsone therapy before the



Carbarsone. Trypersamide. Acetarsone.

Chicago Society of Internal Medicine on May 28, 1934. One of these patients developed an exfoliative dermatitis of the hands and arms after less than ten capsules of 0.25 Gm. each. Another patient was given twenty capsules of 0.25 Gm. each and instructed to take one capsule three times a day. After the fifth day this patient developed laryngeal and pulmonary edema, sore throat, sneezing and lacrimation. Another patient was put on a regimen during which he took treatment for five weeks and then rested one week. Six weeks after the introduction of treatment, this patient developed acutely swollen ankles, knees and wrists and enlargement of the liver and spleen. A fourth patient developed faulty vision, photophobia, swelling of the eyelids and puffiness of the face. Urinalysis showed the presence of granular casts and albuminuria. Ophthalmoscopic examination revealed moderate papillitis and retinal edema. This followed the taking of a total of 1.75 Gm. in three and one-half days. Several of Smithies' patients suffered from nausea, vomiting, diarrhea and vague abdominal pains while taking carbarsone. One of these developed a slight but definite icterus on the fourth day while taking 0.5 Gm. of carbarsone daily.

As carbarsone contains a modified amino group in the para position to the arsenic atom, the possibility of the drug damaging the optic tract must always be considered and searched for in all patients under carbarsone treatment. Reed [6] recommends the use of liver

3. Anderson, H. H., and Reed, A. C.: Untoward Effects of Antiamebic Drugs, Am. J. Trop. Med. 14: 296 (May) 1934.
4. Fearington, quoted by Anderson and Reed.[3]
5. Smithies, Frank, quoted in Council report.[2]
6. Reed, A. C.: Amebiasis: A Clinical Summary, California & West. Med. 40: 6 (Jan.) 1934.

function tests before prescribing carbarsone, as liver damage is a definite contraindication to its administration. Fantus [7] recommends that the following signs of toxicity should be watched for in patients who are receiving carbarsone: gastro-intestinal irritation, congestion of the respiratory tract, neuritis, renal damage and visual disturbances. Pruritus, skin eruptions and enlargement of the liver or spleen should be added to this list.

Nothing has been written about the therapy of carbarsone poisoning. According to our present knowledge, treatment should be identical with that used in reactions to the other arsenical preparations.

COMMENT

Chemically, a very close relationship exists between carbarsone, acetarsone and tryparsamide. This is graphically portrayed by the chemical formulas of these substances.

With this in mind it is easy to comprehend why the reactions to these three drugs are so much alike. Stokes [8] reports the following signs and symptoms of tryparsamide toxicity, which were also found in this patient: dermatitis, jaundice, hepatitis and slight irritation of abnormal kidneys. The same author [8] lists the following reactions to acetarsone, which were present in this patient: malaise, headache, fever, edema, albuminuria, jaundice, eosinophilia, leukopenia and exfoliative dermatitis.

The recommended dose of carbarsone is 5 Gm. given in divided doses over a period of ten days.[1a] This may be repeated after a rest period. Accordingly, the patient did not receive an overdose of carbarsone but apparently died from a therapeutic dose. An accurate medical history of her last six weeks of life was obtainable and carbarsone is the only arsenical she received during this period.

Her liver damage was probably an acute process. The enlargement of the liver, the tenderness and rigidity in the right upper quadrant of the abdomen and the icterus developed while she was in the hospital. Histopathologic examination of the liver indicated an acute process, as there was little fibrosis or regeneration. With this evidence at hand, it is doubtful whether any drugs given previous to thirty days before entry could have been a major factor in causing her death.

It is true that the patient was in very poor condition before the carbarsone was administered. This may have reduced her tolerance to the drug. With our present knowledge, it can only be concluded that the patient developed signs of an idiosyncrasy to carbarsone within the therapeutic range and died despite withdrawal of the drug and active treatment for an arsenical exfoliative dermatitis.

SUMMARY

1. Carbarsone is less toxic in the therapeutic range when given by the therapeutic route of administration than most other related arsenical preparations but is not entirely innocuous.

2. Care must be taken in administering carbarsone and constant watch must be maintained for signs of intolerance.

1200 North State Street.

7. Fantus, Bernard: The Therapy of the Cook County Hospital: Amebiasis, J. A. M. A. 102:1940 (June 9) 1934.
8. Stokes, J. H.: Modern Clinical Syphilology, ed. 2, Philadelphia and London, W. B. Saunders Company, 1934.

WHAT IS THE SOCIAL OBJECTIVE OF THE YOUNG PHYSICIAN?

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Why do young people study medicine? Are they animated by high ideals of social service or the lure of pure science or the desire for social distinction or the hope of material reward?

For two thousand years the young medical graduate has subscribed to the oath of Hippocrates, which has been kept with high fidelity by the great body of medical practitioners. Comparatively few have deserted to quackery; very few have become criminals; many have become the victims of fortuitous circumstances, social maladjustment, personal ineptitude or denial of opportunity by special social or political combinations without deserting ethical standards.

Comparative ratings place the followers of Hippocrates in the highest ranking of all professions. One hundred thousand of the 150,000 physicians in the United States are members of organized medicine as represented by the American Medical Association. Prompted by a desire for the society of their fellows, by a desire for group protection, by a desire to follow the currents of scientific thought, by a growing appreciation of the importance of political organization, physicians are joining their county medical societies in increasing numbers.

The physicians of the United States have given the people of the United States the best medical service in the world. A continuing fall in morbidity and mortality statistics refutes the arguments of those who accuse the medical profession of inefficiency. The accumulating results of preventive medicine, of immunizations, of sanitation, of protection of the public health, are radically changing the scientific fields of medical practice, while easy and rapid communication is changing its geography. Familiar acute diseases are being replaced by chronic illnesses which are incident to the physical degeneration of the increasing number of people who live beyond sixty years.

Institutional treatment is replacing home treatment. The annual report of the New York hospitals commissioner shows that at least one half of the hospital population, which is 10 per cent of the entire population of the city, relies on the medical service of municipal institutions, and these institutions are manned by physicians who work for the pay of experience even unto the sixty-fifth year of their age so that they may learn how to give better care to the procession of new patients who constantly crowd these public facilities. An addition of the free care of dispensary and below-cost ward patients of the voluntary hospitals still further lessens the material attractiveness of medical practice in a large city.

Tax supported hospitals are the only hospitals that are free from the imminence of financial disaster. The voluntary hospitals are wallowing in the depths of deficits while speculating on the date when they will be forced to lose their identity and beg for tax support. Annual drives for maintenance are becoming more difficult and disheartening to generous people, who are endlessly pestered by campaign managers. How long can the major operation be deferred which will result

Read before the Thirty-Second Annual Congress on Medical Education, Medical Licensure and Hospitals, Chicago, Feb. 18, 1936.

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in the closing of some hospitals and a realinement of hospital service in zones designed to serve definite units of population? How long will it be before every resident of a hospital zone will carry an identification tag which will entitle him to medical care in a municipal hospital? How long will it be before physicians who work in tax supported hospitals will be paid for their work? How seriously will such an evolution affect the field of private practice? These are not fantastic questions. In all fairness they should be earnestly studied by the teachers of young people who are planning to study medicine, so that they may be competent to discuss these important economic problems with those whose careers are surely their responsibility.

Why are more and more young people trying to enter the practice of medicine when it is well known that there are now less than 800 persons to one physician and that half as many physicians die as are licensed every year? If the sources of inspiration of these young people can be discovered, those whose urge originates outside of idealism or outside of the desire for real scientific study should be firmly discouraged.

Once upon a time a physician, an engineer and a politician were in earnest discussion concerning the antiquity of their professions. "Medicine is the oldest of all," said the physician. "It is recorded in holy writ that God removed a rib from Adam and created Eve. That surely was the first surgical operation." "But earlier than that," said the engineer, "God created order out of chaos—an engineering problem." "Well," said the politician, "my profession antedates both of yours. May I ask you who created chaos?"

One can hardly be accused of great disrespect if at this time in our history "chaos" looms large in our daily vocabulary. The uncertainty concerning the future of medical practice, the possibility of changes affecting all our social objectives, changes in standards of living, destruction of investment values, the shattering of traditional ideals, makes one feel that the physician of the future may turn himself into a composite picture of physician and politician if he shall have any measure of success in preserving any part of the high quality of present-day medical service or lead it to greater or higher planes.

The young physician at 27 or 28 or 30 years of age is handicapped by a lack of any fundamental knowledge or teaching of economics, and I have reason to believe that he has not been well prepared to take his place in society by instruction in the practicalities of medical problems. He has been seven or eight years in college, too busy to have business contacts outside the class room and too concerned with abstract theory to have had time for the study of human beings as members of society. Teachers are too infrequently interested in the student's personality. Students report infrequent personal contacts, no social relations, no social inspiration. They say that their teachers assume academic detachments, platform manners, or exhibition of knowledge designed to invite consultations. Too often the teacher is so absorbed in his specialty that he does not care for general contacts. He takes no interest in his county medical society, where he would meet the general run of physicians. He fails to function as a citizen. If these criticisms are correct or justified, he is unfit to develop practically useful physicians or to inspire his students with high social objectives. The exigencies of the times demand that he prepare himself for the teaching of practical economics and for the preparation of the student for his place in society. He should, above all other physicians, become active in medical organizations so that he may have first hand knowledge of present trends and present needs. The young physician should be taught something about public health, preventive medicine and especially practical medicine for the benefit of real patients.

At the December examination for internships at the Morrisania City Hospital, 190 candidates presented themselves. They represented forty-two medical schools. Forty-two of these applicants were rated by their schools at 90 per cent or above, several of them being decorated with the golden keys which marked them as scholars of distinction. Only five of these highly rated men were successful in winning places among the sixteen who were finally chosen for internships. The examining committees were instructed to ask only practical questions, in order to test the reasoning powers rather than the memory of the candidates. Sample questions are here quoted along with the appraisals of the examiners. "I asked the following question" said one examiner. "'You are called to see a man 30 years old who has an inguinal hernia which is strangulated. Attempts at reduction do not avail. After examination you find that the patient has severe diabetes with impending acidosis. How would you treat this patient?' Most of the candidates answered this question by a discussion of the treatment of diabetes with acidosis, stressing the use of insulin, the dosage, and so on. Very few candidates saw the problem as a whole, nor did most of them appreciate the need for imperative surgery as a concomitant of the medical treatment. I gathered the impression that the candidates were well informed concerning the treatment of the disease diabetes (especially as an academic exercise) but that they were not trained to see the situation in its entirety as it presents itself to the physician."

Another examiner writes:

> Relative to our recent discussion about intern examinations and the peculiar lack of practical thought on the part of even the best of students, I call your attention to the type of questions asked by me: "1. You are called on an ambulance case and find a patient bleeding from the vagina actively. She is pregnant, near term, and not in labor. What would you do?" The answers ranged from cesarean section through the entire gamut of theoretical methods. "2. You are called to treat a multipara who is in active labor, about three fingers dilated. A prolapsed cord is found not pulsating. Assume the baby dead. What would be your treatment?" Again the answers ran from version, craniotomy, embryotomy, to cesarean section. I have been asking this type of question for several years. There seems to be something wrong in the medical teaching in most of the schools. When I get a correct answer I can almost predict that the student comes from a certain school.

A surgeon asked: "What are the commonest causes of rectal bleeding?" He writes:

> First I wanted to see how the student approached the subject, and second to ascertain whether he is trained to think of the most likely things that may cause the particular ailment. Of 100 candidates to whom this problem was presented the answers were such that after a while I could tell whether the student came from one or another type of school. One group enumerated the causes almost in exact order of occurrence, such as hemorrhoids, fissures, neoplasmic growths and finally more remote factors such as ulcers in the upper part of the alimentary tract and various rarer conditions. Others began by saying cirrhosis of the liver, blood dyscrasias and other rare causal factors. A very few schools seem to train the young

mind to think along a smooth pathway and not to flounder into by-ways that lead him to think of rare rather than common etiologic factors.

A urologist writes:

May I state that almost all the students who appeared before our committee were, from a didactic standpoint, remarkably well prepared. I have never before encountered a group of young men whose scholarship attainments were manifestly of such high order. Consequently, it seemed to me that it might not be amiss to sound their reasoning powers. For instance, I asked several of them "How would you conduct the case of a married man suffering from an acute gonorrheal infection?" I was not so much interested to hear of the injection of germicides but rather to determine their idea of the ethics involved, their tact in approaching such a difficult situation and their appreciation of the humanities. The gentlemen who attempted to answer my question were distinctly nonplussed. With the curriculums as complicated and time consuming as they are, it is perhaps difficult for a faculty to provide or find time for such instruction. The young medical man of today, by and large, in my opinion, is distinctly disappointed when a patient, or the patient's complaint, cannot be "classified." The personal element is minimized. The physician's responsibility to and for the patient is not sufficiently emphasized and a spirit of genuine sympathy for suffering is not inculcated as a fundamental principle.

As a result of this type of questioning, the representatives of nine schools won the first sixteen places: Bellevue five, Columbia two, Cornell one, Creighton one, Flower two, Jefferson 1, Long Island two, Rush one, Tufts one. The sixteen alternates came from six schools: Bellevue five, Columbia two, Flower four, Baylor two, Rush two, Boston one. It would seem to be a reasonable inference that these schools are trying to develop clinicians. It may also be of interest to note that none of these thirty-two candidates were personally known to the examiners.

At the Morrisania Hospital we became so impressed with the lack of the practical training among our forty interns and residents that we initiated some procedures during the past three years which were warmly welcomed by the interns, who are frequently suggesting other ways in which they may learn how to meet the actualities of medical practice. Every new intern is given a complete physical examination and is advised as to measures designed to correct physical defects. It seems strange to discover among these persons, who have been eight years in college, serious visual defects which were seriously affecting their ability to work without undue fatigue, to find an advanced case of leukemia, and some others with tuberculous lungs. A review of college records of annual physical examinations shows no blood counts or roentgenograms of the chest. We instituted a course in ordinary nursing procedures, with demonstrations of bed making, bathing, enemas, mustard plasters, hypodermoclyses and so on. No intern is allowed to ride an ambulance until he has been instructed in practical first aid measures and is taught how to treat the ordinary emergencies which he may meet.

Frequent meetings are held to give interns opportunities to ask questions of the administrative staff, all of whom are cordially cooperative. As an outcome of their expressed desire for practical education and at their direct request, practical lectures are given on forty Wednesday afternoons during the year, which are attended by all interns who can be freed for an hour from their ward services. Questions are asked and both lecturers and interns report that the time is profitably spent. These lectures are not substitutes for the regular medical, surgical, pathologic, x-ray and ward conferences, at which the heads of every service are putting an emphasis on useful procedures and trying to make the intern self reliant in the exercise of his five senses and his powers of deductive reasoning. To promote this experience, every intern is also required to meet ambulatory patients in the outdoor clinics under the direction of members of the staff, who are trying to teach a practical application of medical knowledge which might be useful in the regular office experience of the ordinary practitioner.

We might all do well to follow the example of Sir William Osler in personal contacts with students and interns, his stimulating push toward a good impulse, which brought his school to so high a place. Thayer's paraphrase of Osler's advice to his students may be profitably remembered:

Observe, record, tabulate, communicate. Use your five senses. The art of the practice of medicine is to be learned only by experience; it is not an inheritance; it cannot be revealed. Learn to see, learn to hear, learn to feel, learn to smell, and know that by practice alone you can become expert. Medicine is learned at the bedside and not in the class room. See and reason and compare and control. But see first. No two eyes see the same thing. No two mirrors give forth the same image. Let the word be your slave and not your master. Live in the ward.

We are aware that the only thing new about our program at the Morrisania Hospital is that our visiting and attending staff is functioning in it and that our interns are liking it. While we have been talking a great deal about preserving the social qualities of the old general practitioner, we must admit that a few schools have been quietly producing better general practitioners than we have ever known. The hospital may do something to promote sound practice, but the development of clinicians who will be valuable social agents must begin with the admitting committees at the colleges and continue vigilantly through every undergraduate year. Occasional lectures will have small value. The entire corps of teachers must be imbued with a keen appreciation of their own social responsibility and must transmit the spirit of it to their students. The faculties that do not teach practical medicine are perhaps in some degree responsible for the wave of machine shops which young physicians are setting up all over the country. Failing inspirational influence, the social objective of some young physicians seems to place material gain above service to the sick. They continue their education under the seductive eloquence of salesmen for machinery and drug houses and go deeply into debt, mortgaging their futures for several years of instalments, which must be retrieved from credulous patients, who are put through the whole show of unnecessary x-ray, fluoroscopic, electrocardiographic, lamp and mechanical tests with which the physician himself is only faintly acquainted. It is an amazing experience to walk into the office of a recent graduate and realize, by quick computation, that some one is backing an investment of from three to five thousand dollars or more in mechanical equipment. It is reasonable to fear that these young physicians are in danger of slipping into the mire of quackery, are sacrificing ideals to expediency, and are also creating an impression in the minds of patients that physicians who do not possess these elaborate instruments are consequently incompetent to make diagnoses or to advise up-to-date therapy.

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Is this unsocial conduct merely a phase of practice that will destroy itself by lowering popular respect for these instruments through their indiscriminate and unskilled use? Will it need the disapproval of medical organizations? Will it need public education? It seems obvious that machines and gadgets must be subordinated to intelligence and a revival of common sense. Censorship or ostracism will not cure a disease that is grown on weak characters and fostered by ignorance or a myopic conformity to local custom. Many of us become virtuous when we grow too old to have personal ambitions and forget that human nature seldom scorns acquisitiveness in the presence of opportunity. While employing all the progressive results of scientific research, let us not forget the sound lessons of the past and let us try to encourage our highly educated young physicians to take the places of leadership in community life for which they are potentially qualified. The young physician's social objective may not point higher than making an honest living, but if this aspiration is based on respect for a high quality of service the health of our people will be in safe hands.

The development of this objective lies in the hands of those who are privileged to carry on the teaching of advanced students:

1. They must educate themselves by active membership in medical organizations.
2. They must select fewer medical students with severer scrutiny of character qualifications.
3. They must carry on intensive teaching of clinical medicine.
4. They must promote inspirational preceptorial contacts between teacher and pupil.
5. They must try to develop medical citizens whose education will entitle them to leadership in their communities.

It is my personal belief that raising the level of the practical education of all young physicians and attempting to impress them with their civic responsibility will strengthen their ability to handle all their social and economic problems.

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Basophilic Adenoma.—The syndrome associated with basophilic adenoma of the pituitary as described recently by Cushing was characterized by: (1) a rapidly acquired, peculiarly disposed, and usually painful adiposity confined to the face, neck, and trunk, the extremities being spared; (2) a tendency to become round-shouldered even to the point of a measurable loss of height associated with lumbospinal pains; (3) a sexual dystrophy shown by early amenorrhea in females and ultimate functional impotence in the male; (4) an alteration in normal hirsuties shown by a tendency to hypertrichosis of face and trunk in females and adolescent males, and possibly the reverse in the adult males; (5) a dusky or plethoric appearance of the skin with purplish lineae atrophicae particularly marked on the abdomen; (6) vascular hypertension; (7) a tendency to erythremia; (8) variable backaches, abdominal pains, fatigability, and ultimate extreme weakness. The features less often noticed were acrocyanosis, purpura-like ecchymoses, aching pains in the eyes associated with exophthalmos, transient diplopia, suggestive papilledema, dimness of vision, subretinal exudate and retinal hemorrhage, extreme dryness of the skin, pulmonary infections, albuminuria, insomnia, increase of nonprotein nitrogen and cholesterin in the blood, and polymorphonuclear leukocytosis.—Baumgartner, Leona: Pituitary Basophilism and Hypertension, *Yale J. Biol. & Med.* **7**:327 (March) 1935.

RECURRENCE OF INOCULATION MALARIA

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It is generally thought that tertian malaria transmitted by direct blood inoculation is easily cured by quinine. According to James,[1] "clinically there is a striking difference between the two classes in that true (long interval) relapses and recurrences are not observed (so far as we can ascertain) in inoculated cases, while they occur in 50 per cent of mosquito infected cases." He adds that blood inoculated cases are cured by a single short course of quinine. Yorke [2] concurs in this view, saying "it is an established fact that two or three doses of quinine almost invariably suffice definitely to cure the inoculated case." Wagner-Jauregg [3] relates that in Vienna, where more than 6,000 patients have been treated, no case of recidivation has been noted. He considers 5 Gm. of quinine, given in the course of a week, sufficient to cure the disease.

Although few in number, recurrences have been recorded. Redlich [4] observed one following the administration of 3 Gm. of quinine. Grant and Silverston [5] noted two cases after 6 and 4 Gm. respectively. The first occurred forty-two and the second eighteen days after termination. Serafimow [6] had one recurrence in a series of forty-two cases treated. Kulagin and Petrasov [7] refer to a case reported by Luntz in which malaria was present in the blood for more than three years, and they add one of their own.

Between August 1927 and February 1935 a total of 261 patients were treated with inoculation (tertian) malaria in the St. Peter State Hospital. Usually the chills terminated promptly when quinine was administered, but the plasmodium often remained in the circulation long afterward.

In fourteen cases the parasite was found in thin smears from six to 150 weeks after the fever subsided. These patients had received from 5.3 to 97 Gm. of quinine sulfate orally. The average amount was 44 Gm. With one exception these recidivations occurred between the seventieth and the one hundred and sixth direct passage of the strain.

Malarial parasites remained in the blood of one of these patients for six weeks, after which they disappeared. A smear made in a routine way 150 weeks after termination was positive, but several subsequent smears were negative. No clinical symptoms were noted at the time. Beginning in the one hundred and eightieth week, the patient showed symptoms strongly suggestive of malaria, but the plasmodium could not be found in the blood.

Nine other patients had definite recurrence of the disease during which the parasite was found in the circulation. Relapses also were observed in two patients treated elsewhere. These eleven cases are reported.

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REPORT OF CASES

Case 1.—G. A. O., a white man, aged 56, a native of Sweden, was inoculated (twenty-third passage) Nov. 5, 1928. Between the 10th and the 21st of November he had seven irregular rises in temperature. The fever terminated spontaneously on the latter date. He was given 1 Gm. of quinine sulfate daily from November 28 until December 3, inclusive.

No untoward symptoms were noted until ninety-three weeks later, when on Sept. 17, 1930, he complained of abdominal distress. The temperature, which was elevated every forenoon, did not return to normal until October 29. Although 1 Gm. of quinine sulfate was given daily for a period of forty-two days, blood smears remained positive for malaria until October 22. After that they were negative. The patient developed pneumonia and died on Feb. 7, 1931. No microscopic examination was made of the blood at the time.

Case 2.—M. C., a white woman, aged 30, a native of Czechoslovakia, was inoculated (sixty-eighth passage) Feb. 13, 1931. After five chills, the first of which occurred February 24 and the last March 6, the fever terminated spontaneously. As malarial parasites persisted in the circulation, quinine medication was commenced March 13. From then until October 1 she was given 1 Gm. of quinine sulfate daily. On the latter date the dosage was increased to 2 Gm. This was continued until November 14, when it was decreased to 1 Gm. The medication was discontinued November 17. During this time a total of 293 Gm. was administered. The temperature curve began to show irregularities May 4. There were elevations every day or every other day, with occasional sharp peaks reaching a maximum of 102 F. Blood smears remained positive for malaria until September 2. In May 1935 the patient showed symptoms strongly suggestive of malaria, but the plasmodium could not be found in the blood.

Case 3.—M. B., a white man, aged 50, a native of Minnesota, was inoculated (eightieth passage) Sept. 11, 1931. The course was terminated after nine chills, the first of which occurred September 21 and the last October 1. Between the latter date and December 8 the patient was given 1 Gm. of quinine sulfate daily. Blood smears remained positive for malaria, however, and the patient had severe chills November 30 and December 1. The temperature remained normal from then until December 8, when another severe chill occurred. The quinine was then increased to 2.65 Gm. daily. The temperature remained normal until the patient left the hospital, Dec. 22, 1931. Unconfirmed reports indicate that there were recurrences later, but this could not be verified. Although 107 Gm. of quinine was administered, malaria was present in the blood Dec. 17, 1931, when the last examination was made.

Case 4.—A. H., a white man, aged 28, a native of Minnesota, was inoculated (seventy-eighth passage) Aug. 8, 1931. The first of ten paroxysms occurred on the 14th and the last on the 29th of August. Between the latter date and September 10, a total of 16 Gm. of quinine sulfate was given. The patient remained well for fifty-eight weeks, until Oct. 8, 1932, when he commenced to have an elevation in temperature every other day. Malarial parasites were found in the blood. A total of 13 Gm. of quinine sulfate was given during a period of twenty days. The temperature remained normal after October 7 but the plasmodium persisted in the circulation until November 10. A blood smear made in a routine way Sept. 29, 1934, was negative. The patient died Jan. 2, 1935. No examination was made of the blood at the time, as the symptoms were not suggestive of malaria.

Case 5.—F. A. E., a white man, aged 46, a native of Minnesota, was inoculated (one hundred and fifth passage) April 25, 1933. The first of eleven chills occurred on the 10th and the last on the 27th of May. From May 26 until June 20 inclusive, 1 Gm. of quinine sulfate was given daily. No malarial parasites were found in the blood June 16. The patient remained well for thirty weeks, until Jan. 16, 1934, when he commenced to have fever and chills. The plasmodium was found in the blood January 22. Between the latter date and April 3 the patient was given 41 Gm. of quinine sulfate. The temperature did not become normal until February 23, when he was given 0.75 Gm. of neoarsphenamine intravenously. During this period the patient had sixteen distinct chills. Malarial parasites were present in the blood up until and including February 16 but were not found later. A blood smear made in a routine way Sept. 29, 1934, was suggestive of malaria, but several subsequent smears were negative. The patient was transferred to another hospital May 31, 1935.

Case 6.—G. H. P., a white man, aged 43, a native of Minnesota, was inoculated (twentieth passage) Aug. 17, 1928. The first of eight chills occurred August 24 and the last September 5. During the following seventeen days, 1 Gm. of quinine sulfate was given daily.

The patient remained well for 146 weeks, until June 29, 1931, when he suffered a heat stroke. The temperature returned to normal in the course of seven days. No microscopic examination was made of the blood at the time.

No further symptoms were noted until 311 weeks after termination, when on Sept. 1, 1934, typical symptoms of malaria developed and the plasmodium was found in the blood. Between the 2d and the 28th of September he was given 22 Gm. of quinine sulfate. Although the temperature became normal September 9, blood smears remained positive until September 29. On account of the suggested periodicity, the temperature was observed during April 1935. It was slightly elevated every forenoon, but blood smears were persistently negative for malaria.

Case 7.—M. N., a white man, aged 38, a native of Finland, was inoculated (fifth passage) Oct. 11, 1927. The first of twelve chills occurred October 20, the last November 10. During the following twelve days, 1 Gm. of quinine was given daily. No microscopic examination was made of the blood after the fever subsided. A blood smear made in a routine way Sept. 9, 1934, was very suggestive of malaria, but several subsequent smears were negative. There were no symptoms suggestive of malaria at the time.

The patient remained well for 374 weeks after termination, until Jan. 21, 1935, when he commenced to have daily elevations in temperature. Examination showed pleural effusion on the right side. Roentgen examination of the chest made during a general survey about two months previously showed no abnormalities. Malaria was found in the blood, February 6. Although the temperature decreased when quinine was given, it did not return to normal. In June the fever became more marked and the patient died, June 24, 1935.

Case 8.—B. S., a white man, aged 46, a native of Germany, was inoculated (sixth passage) Oct. 29, 1927. The first of ten chills occurred on the 6th and the last on the 21st of November. He was then given 5.3 Gm. of quinine sulfate within a period of six days.

The patient remained well for 382 weeks, until March 27, 1935, when he commenced to have chills and fever. At first the plasmodium could not be found in the blood, but after the patient had several chills the smears became positive. He was given 14 Gm. of quinine sulfate during the first week in April and 7.3 Gm. during the second. The temperature, which had returned almost to normal, rose again when the quinine was discontinued. Beginning April 25, 0.1 Gm. of atabrine was given three times a day over a period of seven days. This controlled the fever temporarily, but there was a recurrence of chills when it was discontinued. Between the 4th and the 8th of May, 12 Gm. of quinine sulfate was given. From May 11 until July 23, 2 Gm. was given daily. On the latter date quinine hydrochloride was substituted. This was reduced to 1 Gm. daily August 10 and discontinued September 14. Between July 25 and September 11 he also received fourteen intravenous injections of 0.45 Gm. of neoarsphenamine. Although the temperature remained normal most of the time after the neoarsphenamine was commenced, it would increase if the interval between injections was more than four days. There were occasional sharp elevations up until October 4.

The patient received a total of 181 Gm. of quinine sulfate, 71 Gm. of quinine hydrochloride, 2.1 Gm. of atabrine and 6.3 Gm. of neoarsphenamine.

Case 9.—M. P., a Negress, aged 20, a native of Alabama, was inoculated (eighteenth passage) Dec. 3, 1934. The first of three prolonged paroxysms occurred on the 11th and the last on the 17th of December. Following this the temperature remained normal until December 26, when it commenced to show irregularities. Slight increases were noted every day or every other day. Broken by occasional afebrile periods, this continued during the winter. From December 15 until

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January 8, 1 Gm. of quinine sulfate was given daily. On the latter date the dosage was doubled. The amount was again reduced to 1 Gm. daily, February 21. This was continued until April 3, when it was increased to 3 Gm. daily. Blood smears were positive January 7 but negative January 16 and February 21. A positive smear was again obtained April 3. March 31 the temperature became markedly elevated. Examination showed pleural effusion. The patient died, April 6, 1935. The total amount of quinine administered was 124 Gm.

CASE 10.—E. C. M., a white man, aged 49, a native of Minnesota, was inoculated in the Ancker Hospital, St. Paul, Aug. 5, 1933. The temperature showed daily elevations between the 7th and the 15th of August inclusive. On the latter date 1 Gm. of quinine was given intravenously. This was repeated the following day. He was then given 2 Gm. orally for three days and 1 Gm. for four days. The temperature became normal on the 15th.

The patient was transferred to the St. Peter State Hospital, Aug. 30, 1933. September 5 he had another paroxysm lasting four days. He had chills again on the 9th and the 10th. The temperature remained normal after the 11th. Malarial parasites were found in the blood, September 7. The patient died, Sept. 13, 1933.

CASE 11.—J. J. E., a white man, aged 50, a native of Minnesota, a patient of Drs. Hammes and Kamman of St. Paul, was inoculated May 7, 1935. The chills, which commenced on the 11th, were terminated on the 21st of May. Between then and July 12 he was given 80 Gm. of quinine hydrochloride. In spite of that, chills occurred on the 7th, 17th, 28th and 30th of June and again on the 9th and 10th of July.

The patient was admitted to the St. Peter State Hospital, July 12, 1935. Between the 13th and the 16th of July he was given 3.65 Gm. of quinine sulfate orally and 0.45 Gm. of neoarsphenamine intravenously. There were recurrences of chills on the 15th, 18th and 19th of July. Commencing July 16, 0.1 Gm. of atabrine was given three times a day for seven days. The temperature became normal on the 20th but rose sharply on the 23d and again on the 28th. The latter elevation was prolonged, lasting until July 31. Beginning on this date, 1.3 Gm. of quinine sulfate was given daily until August 13, when the amount was reduced to 1 Gm. The same day he was given 0.45 Gm. of neoarsphenamine intravenously. As the patient again had chills on the 18th, 19th and 20th of August, the amount of quinine was doubled on the latter date and 0.45 Gm. of neoarsphenamine was given intravenously every fourth day. Since then the temperature has remained below 100 F. except on August 27, when it rose to 100.4 F. The amount of quinine was reduced to 1 Gm. daily October 23 and was discontinued November 4. Malarial parasites were found in the blood July 15 but have not been found since. A total of 80 Gm. of quinine hydrochloride, 100 Gm. of quinine sulfate, 2.1 Gm. of atabrine and 7.65 Gm. of neoarsphenamine was administered.

COMMENT

Four apparently unrelated strains were involved in this series of recurrences. One strain was used for inoculations in the first eight cases, while a different strain was used in each of the last three cases. As it could not be ascertained how often the strains had been transmitted previously, the numbers refer to the passages undergone in our hands.

During this period only three cases of noninoculation malaria were observed in the hospital. A definite history of previous attacks was obtained in each case. Since malaria is not endemic in Minnesota and the patients were under constant observation in hospitals, reinfection is not probable.

There is a suggested periodicity in these recurrences. The time in one case was thirty weeks and in five cases a multiple of from twenty-nine to thirty-one weeks. A similar time relation was noted in several cases of suspected recurrence in which the plasmodium could not be found in the blood.

Frequently it was necessary to make a number of smears before the parasite could be demonstrated. The temperature curve was more irregular during the recurrence than it was in the initial attack. At times it bore little or no resemblance to that generally described in textbooks.

A review of all the cases treated here convinces us that several recurrences were not recognized as such. The death of one patient, several months after leaving the hospital, undoubtedly was caused by malaria. The symptoms, later described by relatives, were typical of the disease.

These observations support the contention of Martini [8] that inoculation malaria does not differ from that transmitted by the mosquito. We believe that a systematic search for the plasmodium in all malaria treated individuals having fever from any cause will reveal a number of unsuspected recurrences. Furthermore, the possibility that recidivation of inoculation malaria may be a factor in the spread of the disease deserves serious consideration.

EXPERIMENTAL THERAPY IN COCCIDIOIDAL GRANULOMA

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In the therapy of coccidioidal granuloma numerous agents have been suggested since the first case was described by Rixford [1] in 1894. He used potassium arsenite, potassium iodide and yellow mercurous iodide internally and iodine, bromine, phenol, methyl violet, turpentine and mercury bichloride locally, without success. Subsequent writers have run the gamut of chemical, physical and immunologic agents. Montgomery and Ormsby [2] recommended general supportive measures, as in the therapy of tuberculosis. Brown,[3] Brown and Cummins [4] and Burgess [5] have suggested the use of iodides, and Cooke [6] has suggested their use in conjunction with arsphenamine.

Antimony in the form of antimony and potassium tartrate has been used by a number of investigators. Guy and Jacob [7] used it in conjunction with x-rays with apparent success but were unable to carry out animal experiments owing to the peritonitis developing from the injection of antimony and potassium tartrate, an experience which we can verify. Tomlinson and Bancroft [8] used it in conjunction with x-rays, with an apparent cure. Childrey [9] used antimony and potassium tartrate with potassium iodide without success. Chipman and Templeton [10] used it in conjunction with

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Supported in part by the Rockefeller Fluid Research Fund of the School of Medicine of Stanford University, and by a grant from the Council on Pharmacy and Chemistry of the American Medical Association.

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9. Childrey, J. H., and Gray, P. A.: California & West. Med. **37**: 250 (Oct.) 1932.
10. Chipman, E. D., and Templeton, H. J.: Coccidioidal Granuloma, Arch. Dermat. & Syph. **21**: 259 (Feb.) 1930.

potassium iodide, aqueous solution of iodine, colloidal copper, typhoid vaccine and gentian violet without success. Jacobson [11] has discarded antimony and potassium tartrate in favor of colloidal copper and a vaccine prepared from cultures, together with carbon dioxide snow and x-rays locally, and with supportive therapy, reporting quite favorable results. Jaffé [12] also has used colloidal copper in conjunction with bismuth potassium tartrate and reported some improvement. Sorsky and Nixon,[13] after a trial of antimony and potassium tartrate, methyl violet, gentian violet, potassium iodide, colloidal copper and "Bismoid" internally, with gentian violet and saturated solution of iodine in 5 per cent potassium iodide locally, have concluded that bismuth, copper and gentian violet internally warrant further clinical trial, and that gentian violet irrigations locally give satisfactory results in some cases.

Table 1.—*Length of Life After Inoculation with Various Drugs*

Drug	Gm. per Kg.	Number	Days
Copper sulfate	0.0015	5	6-20
Antimony and potassium tartrate	0.01	3	11-14
Potassium iodide	0.7	3	16-18
Lead acetate	0.012	4	9-14
Thymol	0.06 to 0.125	9	21-45
Mercuric cyanide	0.0002	3	15-18
Novasurol	0.4 ml	3	15-19
Potassium bismuth tartrate	0.012	3	15-18
Iodobismitol	0.06 ml	3	15-22
Colloidal copper	0.3 ml	2	14-15
Sodium thiosulfate	0.25	3	8-19
Potassium iodide and thymol	Above	1	17
Vaccine	0.5 ml	4	8-27
Control	None	7	12-21

Cummins and Sanders [14] tried crystal violet without success and carried out a few animal experiments without definite results. Pulford and Larson [15] report a case in which they used potassium iodide, potassium arsenite, a vaccine, colloidal lead, colloidal copper, high voltage therapy and gentian violet without success. Montgomery and Morrow [16] tried x-rays without success, but Zeisler [17] obtained some improvement but not a cure with x-rays. Hammack and Lacey [18] amputated an infected extremity and report a cure, and Imerman [19] excised a lesion with the actual cautery.

Myers [20] found thymol, carvacrol, its isomer, and the volatile oils of mustard, cinnamon and clove active fungicides, particularly for yeasts. Thymol was also active against actinomyces. Stockton [21] found, in vitro, that 0.5 per cent concentration of thymol was effective in inhibiting the growth of coccidioides cultures, and he gave thymol to a patient in doses up to 2 Gm. daily until 21 Gm. was given in a ten day period without definite beneficial results. He found that the average daily excretion of thymol was 55 per cent of the daily dose but that it was quite variable, possibly owing to the variability in absorption.

In none of the articles reviewed does one receive the impression that the investigator feels that he has reached the ultimate cure but rather one of hope that the results will be as good subsequently as shown at the time of the report.

The purpose of this investigation is to attempt, by animal experimentation, to evaluate the various types of drug therapy suggested for the treatment of coccidiodal granuloma.

Guinea-pigs were weighed and given the selected therapeutic agent for from five to ten days before inoculation. They were then inoculated with 0.1 cc. of a suspension of coccidioides culture into the testicle and the treatment was continued daily thereafter. The culture was the most virulent of the Stanford collection (No. 10), having a twenty day virulence by intraperitoneal inoculation as tested three months prior to the experiment. It had been subcultured twice in the interval. The same strain was used throughout the experiment and no animal failed to develop the disease. From seven to ten day surface cultures on Sabouraud's medium were washed with physiologic solution of sodium chloride into ampules and shaken with glass beads, in order to obtain a uniform suspension, and were then inspected microscopically to insure that fragmentation was complete.

The drugs were given intraperitoneally in estimated effective sublethal doses, with the exception of thymol, which was given by gavage because of its insolubility in water, and the vaccine, which was given subcutaneously. Table 1 shows the drugs used, their dosage, the number of animals and the length of life after inoculation.

Copper sulfate and antimony and potassium tartrate were found to be so irritating that several guinea-pigs were lost prior to inoculation before the optimal dose could be determined. The dosage was constant except in the case of thymol, in which the first and third pigs were given 60 mg. per kilogram and the remainder 125 mg., with little difference in the results obtained. Colloidal copper was given three times a week, the total weekly dose being the same as the human dose per kilogram.

The vaccine was prepared by growing the organism in a synthetic medium introduced by Stewart and Meyer [22] for isolating coccidioides from soil. Its composition is as given in table 2. After thirty days' growth the culture was centrifugated, washed with physiologic solution of sodium chloride, moistened with salt solution, ground for forty-eight hours in a ball mill, filtered through a Seitz filter and tested for sterility by culture and inoculation. It was then given subcutaneously for an average of seventeen daily doses prior to inoculation. No vaccine was given after inoculation in the hope of demonstrating the development of some immunity or increased resistance to invasion.

Table 2.—*Composition of Vaccine*

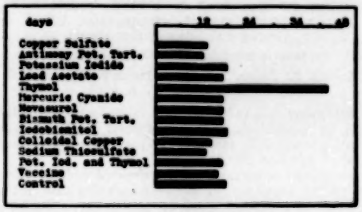
Ammonium carbonate	1.0
Sodium acetate	1.0
Monobasic potassium acid phosphate	0.2
Dibasic potassium acid phosphate	0.2
Magnesium sulfate	0.01
Distilled water	100.0

The experiment was begun with no preconception as to the efficacy of any one drug but with the hope that some valuable data might be accumulated in a general survey of all the suggested therapeutic agents.

11. Jacobson, H. P.: Coccidiodal Granuloma, Arch. Dermat. & Syph. **21**: 790 (May) 1930; Fungous Diseases, Springfield, Ill., Charles C. Thomas, 1932.
12. Jaffé, R. H.: Virchows Arch. f. path. Anat. **278**: 42, 1930.
13. Sorsky, E. D., and Nixon, C. E.: California & West. Med. **42**: 98 (Feb.) 1935.
14. Cummins, W. T., and Sanders, J.: J. M. Research **35**: 243 (Nov.) 1916.
15. Pulford, D. S., and Larson, E. E.: Coccidioidal Granuloma, J. A. M. A. **93**: 1049 (Oct. 5) 1929.
16. Montgomery and Morrow: J. Cutan. Dis. **22**: 368, 1904.
17. Zeisler, E. P.: Chronic Coccidioidal Dermatitis, Arch. Dermat. & Syph. **25**: 52 (Jan.) 1932.
18. Hammack, Roy, and Lacey, J. M.: California & West. Med. **22**: 224 (May) 1924.
19. Imerman, S. W., and Imerman, C. P.: Southwestern Med. **17**: 18 (Jan.) 1933.
20. Myers, H. B., and Thienes, C. H.: The Fungicidal Activity of Certain Volatile Oils and Stearoptens, J. A. M. A. **84**: 1985 (June 27) 1925. Myers, H. B.: An Unappreciated Fungicidal Action of Certain Volatile Oils, ibid. **89**: 1834 (Nov. 26) 1927.
21. Stockton, A. B.: California & West. Med. **31**: 278 (Oct.) 1929.
22. Stewart, R. A., and Meyer, K. F.: Proc. Soc. Exper. Biol. & Med. **29**: 937 (May) 1932.

The accompanying chart strikingly summarizes the results obtained.

The first guinea-pig that was treated with thymol was killed sixty-five days after inoculation, although in good health, in order to see whether a cure had been effected, but a well walled off lesion was discovered. Subsequent studies were concentrated more on this drug, with a result that all the experimental animals were found to live longer than the controls, the only drug in which this result occurred.



Results of experiment.

During the course of the animal experimentation, a patient entered Stanford Clinic and Lane Hospital with coccidioidal granuloma and was made available for study:

REPORT OF CASE

A. F., an Italian dairyman, complained of a boil on the neck of three months' duration.

The family history was not significant.

The patient had been in the United States for nine years near Fresno in the San Joaquin Valley.

Nine months previously he had had chills and fever, which subsided in three weeks. Six months previously pain developed in the neck in the region of the seventh cervical vertebra, radiating down the left arm. The left arm gradually became weaker until he was unable to use it.

Five months before entry a swelling developed on the left side of the neck, gradually increasing in size, without pain, but with some limitation of motion of the neck.

Two months prior the abscess was opened by a local physician, with persistent drainage thereafter. The pain in the arm was somewhat relieved but the weakness persisted.

He lost 60 pounds (27 Kg.) in nine months.

On physical examination the patient was well developed and fairly well nourished. There was a diffuse swelling and induration to the left side of the neck, posteriorly, with a draining sinus opening, from which exuded yellowish white purulent material containing the typical spherules of coccidioides, which gave positive results on culture and animal inoculation.

There was weakness of the left arm but no atrophy.

Results of the laboratory examination were: red blood cells, 5,000,000; hemoglobin, 90 per cent (Sahli); white blood cells, 5,000; 81 per cent polymorphonuclear leukocytes and 1 per cent eosinophils. The blood Wassermann reaction was negative, and the urine was normal.

Roentgen examination showed destruction of the fifth, sixth and seventh cervical vertebrae, with a large communicating sinus tract demonstrated after injection with potassium iodide solution.

Faint fibrous fuzzy densities in the midlower portions of both lung fields were interpreted as evidence of lung involvement.

On entry, potassium iodide was given in gradually increasing dosage until the patient was receiving 20 Gm. daily, with no evidence of improvement and continued loss of weight. Twenty-one days after entry, thymol therapy was instituted. The sinus was washed out daily with dilute tincture of green soap, and then 33⅓ per cent thymol in olive oil was instilled through a catheter introduced to the bottom of the sinus. From that time no organisms could be isolated from the pus and there was a definite improvement in the appearance of the lesion. When a stronger solution (50 per cent) was used, there was some pain referred down the arm.

At the time the irrigations were started, thymol was given by mouth, starting with 1 Gm. and gradually increasing to 6 Gm. daily until a total of 104 Gm. had been given in twenty-four days. The thymol was dissolved in olive oil in 50 per cent concentration and placed in capsules, which were administered during the meal in order to promote absorption and minimize gastric irritation. While the urine had a strong odor of thymol, no evidence of kidney damage could be discerned at this dosage. The loss of weight stopped after thymol was begun and the patient felt subjectively improved. The only unfavorable effect noted was a slight abdominal distress when the larger doses were taken, which persisted for about twenty minutes.

Owing to lack of funds, longer observation was not possible and the patient went to another part of the state, where information was no longer available.

SUMMARY

In a general survey of the agents used in the treatment of coccidioidal granuloma, eleven drugs and a vaccine were tested in the experimental animal, of which only thymol was found to give any definite favorable result.

In applying thymol in human cases, a dose of 6 Gm. daily is well tolerated.

The local and systemic application of thymol in human coccidioidal granuloma was followed by encouraging results, and further application and study of thymol in this disease is indicated.

2398 Sacramento Street.

Clinical Notes, Suggestions and New Instruments

GAS INFECTION AFTER HYPODERMOCLYSIS

JOSEPH TENOPYR, M.D., AND B. J. P. SHAFIROFF, M.D.,
BROOKLYN

In 1933 Junghanns[1] analyzed more than sixty cases of gas gangrene that followed hypodermic medication of all types. To this report he added a single case of his own. This literature was made available to him after the plea by Anschütz in 1926 at the German Surgical Congress for reports and investigatory attempts at localizing the cause of this dangerous sequela to hypodermic medication. It is interesting to note that all possible factors involved in the giving of a hypodermic injection have been studied bacteriologically, yet rarely has the organism been recovered from the carrier agent. The wounds in all cases, however, have yielded the gas organism. Attempts to trace the gas bacillus to the hands of the administrator (nurse or doctor), the skin of the patient, the needles, the solution, the method of sterilization and any other conceivable source has usually been unsuccessful. In Junghanns' series men were more frequently affected than women. The age incidence in the majority of cases occurred during the third to fifth decades of life. The site of infection in the greatest number of cases (twenty-seven) occurred in the thighs. Hilgenfeld reported a case in which gas gangrene developed in both thighs after a hypodermoclysis. The following solutions named in the order of frequency were associated with the postinjection complication: (1) caffeine, (2) epinephrine, (3) physiologic solution of sodium chloride, (4) morphine and a number of lesser offenders. Of all these cases only four survived this catastrophe. The nature of the illness before the onset of this complication varied from all types of medical diseases to the usual variety of surgical procedures.

The pathogenesis of gas infection after hypodermoclysis is a local pressure ischemia caused by the solution itself. This, coupled with an endogenous lowered resistance and an introduction of the infective organism from an exogenous source, can account for the resultant gas infection. It has been shown

From the Surgical Service of the Kings County Hospital and Harbor Hospital.

1. Junghanns, H.: Gas Gangrene Caused by Injection of Medicaments, Deutsche med. Wchnschr. 59:850 (June 2) 1933.

experimentally that the injection of gas bacilli into a particular area the main arterial branch of which is ligated will more readily yield to gas gangrene than a similar area the blood supply of which is undisturbed. It is also to be noted that the use of vasoconstrictors (epinephrine) causing local ischemia or protoplasmic coagulants (caffeine, quinine) producing areas of necrosis predispose to subsequent infection.

The senior author of this report has considered the site of injection for infusion an important factor for infection. He has required from his service associates that all clyses be given in the axillary region. It is his contention that an injection in the thigh, because of its proximity to the genitals and anus, is a decisive threat for gas infection. Junghanns' figures sustain this thought. Nevertheless, gas gangrene may occur after any hypodermic injection anywhere in the body. We have tried to reduce to a minimum all other sources for infection by impressing on our house staff that every infusion be treated as a surgical operation requiring all the usual aseptic operative maneuvers.

REPORT OF CASES

Case 1.—H. P., a man, aged 60, was admitted August 17 with complaints referable to his stomach. X-ray studies indicated an obstructing pyloric ulcer, for which an operation was performed, August 27. The following notes describe the course of events following a posterior gastro-enterostomy:

August 27: Temperature 100. Postoperative reaction good. Patient received two clyses into the thighs.

August 28: First postoperative day. Temperature 105. Pulse 120. General condition is weak this morning.

August 28, 2:25 p. m.: General condition good. Patient improved. No distention. Patient complains of pain in the left thigh. Anterior aspect of left thigh edematous and rather tense. Subcutaneous crepitus is probably due to air from clysis needles. Will observe for infection.

August 28, 11:30 p. m.: Patient has a remittant temperature from 101 to 105. Complains only of pain in left thigh. Receiving clysis in axilla now. No abdominal distention. Wet dressing to left thigh. Culture of wound taken and sent to laboratory.

August 28, midnight: The infection is rapidly spreading. Crepitation is marked over whole left thigh and up to Poupart's ligament. Extensive brawny induration from Poupart's ligament down to foot. Clinical picture is that of a gas infection. Condition of patient is critical.

August 29, 2 a. m.: Small incisions about 3 inches long made over anterior aspect of thigh under procaine hydrochloride anesthesia. Large amount of foul smelling gas escaped through incisions. Gas antiserum given intravenously. Patient died 2:20 a. m., August 30.

Case 2.—Mrs. M. C., aged 38, was admitted July 6 because of gallstones. Cholecystectomy was done July 28. Postoperatively she received daily hypodermoclyses of 1,000 cc. of 5 per cent solution of dextrose. August 1 she showed on the outer side of the right breast a gangrenous area about 3 inches in diameter. Crepitation was present and extended toward the sternum. Incisions were made into the gangrenous area and a culture was taken. The patient received 200 cc. intravenously of antigas serum. A transfusion of 500 cc. of citrated blood was given. Smear and culture were both positive for the gas bacillus. She succumbed to the infection the following day.

Case 3.—Mrs. R. S., aged 34, was admitted April 9, 1935, complaining of pain in the right upper quadrant, which radiated to the right shoulder.

April 16 cholecystectomy was performed. She received daily clyses of 5 per cent dextrose and saline solution. On the third postoperative day the temperature rose to 103. Previous maximum postoperative temperatures were never above 100.

April 19 the patient was flushed and complained of a pain in the right pectoral region at the site of the hypodermoclysis. Wet dressings were to be applied. The abdomen was soft and there was no nausea or vomiting.

April 20 the patient's temperature was still high. In the right pectoral region there was a large red and swollen area of skin about 3 inches in diameter. Over the center of this inflammatory mass was a bleb about the size of a grape seed. Crepitation could be elicited. A culture and smear were taken from the bleb. The gas bacillus was identified in the smear examination. The patient was immediately operated on. An incision was made parallel to the curve of the breast. The breast was raised up from the chest wall and the entire area packed with peroxide dressings. A small area of the pectoralis major was gangrenous and a foul odor emanated from the wound. Cultures of the excised necrotic tissue yielded the gas organism. The patient received gas antiserum. Thereafter the patient improved and was finally discharged May 7.

1256 Ocean Avenue.

CURE OF DIABETES INSIPIDUS COINCIDENT WITH BILATERAL CORRECTION OF ABDOMINAL CRYPTORCHIDISM

BY GONADOTROPIC FACTOR FROM PREGNANCY URINE

Arthur A. Allen, M.D., and James S. Stokes, M.D.
Paterson, N. J.

In presenting this case, no claim is made for originality of technic or medication. The medicament employed was the standard gonadotropic factor from pregnancy urine,[1] and the method of injection was rountine.

However, the remarkable results obtained and the coincident relief of the symptoms of diabetes insipidus have led us to conjecture on the possibilities of our having stumbled on a new treatment for diabetes insipidus. The following is a summary of the case:

REPORT OF CASE

L. S., a boy, aged 11 years, was short of stature, somewhat mentally retarded and lacking in normal vigor and ambitions of a boy of his age and social opportunities.

He had a normal, full term birth; there was a nutritional problem in infancy, with a tendency toward obesity. Besides the usual childhood exanthemas, which were uncomplicated, he was given antitoxin in 1928 for diphtheria and the disease was aborted. The tonsils and adenoids were removed in 1929, followed by a subsequent resection of hypertrophied lymphoid tissue from the nasopharynx five years later. For the past three years he had shown evidences of retarded mental development and had suffered from polyuria, polydipsia, nocturia and enuresis. In his anxiety to avoid the embarrassment of enuresis, he voided sometimes as often as every half hour, and as much as 6 liters of urine in twenty-four hours.

On admission the temperature was 98 F., the pulse 85, respiration rate 20, and blood pressure 105 systolic, 85 diastolic. He was 51¾ inches (131 cm.) tall and weighed 80 pounds (36.3 Kg.). The skin was clear and the mucous membranes were normal. The pupils were equal and reacted normally to light. The conjunctiva was normal in appearance. The ears, the nose and the buccal cavity were essentially normal. The throat, however, presented patches of hypertrophied lymphoid tissue. The lungs were clear and resonant throughout. The heart rate and rhythm were normal with no audible murmurs. Examination of the abdomen showed no tumor, tension or tenderness. Genitourinary examination revealed that the foreskin was easily retractable. There was bilateral abdominal cryptorchidism and a suggestion of feminine distribution of pubic hair. The prostate gland could not be palpated. The blood count was normal, the Wassermann reaction was negative and urinalysis was essentially negative except for a low specific gravity (1.002) and excessive twenty-four hour output (from 6 to 8 liters).

From the physical examination and laboratory results we diagnosed the case as one of bilateral cryptorchidism with adiposis genitalis and diabetes insipidus.

The youth had been treated for two years by various physicians for these conditions and the treatment had been essentially solution of posterior pituitary and anterior pituitary products, with no apparent results. We therefore consulted with genitourinary specialists on the procedure most desirable. One agreed with us that gonadotropic factor from the urine of pregnancy might stimulate the descent of the testes; another insisted that surgical intervention was necessary because the testes were definitely abdominal. Neither was enthusiastic about the possible success of a strictly medical procedure.

1. Antuitrin-S, Parke Davis & Co., was the gonadotropic substance used.

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During a period of sixty days between Nov. 2, 1934, and Jan. 2, 1935, we gave the youth a series of twenty-five 1 cc. subcutaneous injections of gonadotropic factor from pregnancy urine with the following results:

December 3, following the fifteenth injection, both testes were palpable in the scrotum but receded into the lower end of the canals before the next injection was given. All symptoms of polyuria and polydipsia, enuresis and nocturia had disappeared; both testes were visible by transillumination in the scrotum and showed evidences of growth.

Jan. 2, 1935, when the twenty-fifth and last injection of this series was given, the child had undergone remarkable mental advance. His increased activities had reduced his weight about 7 pounds (3.2 Kg.), with the reduction most marked around the genitalia. The pubic hair was assuming a masculine distribution and the prostate was slightly palpable. The diabetes insipidus was apparently cured.

October 2, after nine months without any treatment, the patient was again examined, and no retrogressive signs had appeared. The boy's father remarked that the child was even "picking fights with boys who had usually bullied him before."

COMMENT

Practically all authorities agree that diabetes insipidus is associated with or results from disturbances in the hypophysis. Here is a case in which the usual treatment with pituitary substances neither caused the descent of the testes nor relieved the diabetes insipidus. Gonadotropic factor from pregnancy urine stimulated complete descent of the testes, cured the diabetes insipidus and improved the intelligence quotient of this child.

From our point of view, the remarkable results obtained by gonadotropic factor from pregnancy urine in causing the complete descent of the testes is overshadowed by the possibility that we may have stumbled on a cure for diabetes insipidus, as evidenced by comments on our results contained in a letter from Dr. Samuel Cohn of San Francisco, who states: "The relief of symptoms of diabetes insipidus is an interesting side issue in this case and may open up a new treatment for this disease."

It seems logical to conclude that the pregnancy hormone present in this substance stimulated the internal secretion of the testes, as is very evident, and in this way may have exerted an indirect effect on the pituitary gland which was not possible by direct stimulation, and that the indirect stimulation of the pituitary gland with gonadotropic factor from pregnancy urine cured the diabetes insipidus.

365 Park Avenue.

Council on Physical Therapy

THE COUNCIL ON PHYSICAL THERAPY HAS AUTHORIZED PUBLICATION OF THE FOLLOWING REPORT. HOWARD A. CARTER, Secretary.

BURDICK RADIANT HEAT LAMP ACCEPTABLE

Manufacturer: The Burdick Corporation, Milton, Wis.

This is a professional infra-red lamp recommended for use in physicians' offices and hospitals. It has a double wall reflector. The inner reflector is of porcelain enamel steel and has a Pyrex glass protection shield. The stand is counterbalanced and has a 30 inch vertical adjustment, swivel cross arm with 25 inch extension and 10 inch adjustment, and a mobile base equipped with large rubber-tired casters. It is possible to interchange the 1,000 watt infra-red heating element with a nonmetallic surface heating element.

The firm submitted tests showing the radiant energy distribution of the lamp. At a distance of 30 inches from the screen at the bottom of the reflector, the spread of the radiant energy was measured by a photronic cell and ammeter in a two-foot circle. The distribution of energy was such that the readings were 15 per cent higher at the center than at the periphery of the circle. It would appear, therefore, that the radiant energy distribution was uniform and the reflector was designed to prevent hot spots.

This unit was tried out in a clinic acceptable to the Council and rendered satisfactory service.

In view of the aforementioned report, the Council voted to include the Burdick Radiant Heat Lamp in its list of accepted devices.

Council on Pharmacy and Chemistry

REPORTS OF THE COUNCIL

THE COUNCIL HAS AUTHORIZED PUBLICATION OF THE FOLLOWING REPORT. PAUL NICHOLAS LEECH, Secretary.

THE TRYPARSAMIDE PATENT AND TRADEMARK

Tryparsamide is an arsenical preparation originally proposed for treatment of trypanosomiasis but now used as well in certain cases of syphilis of the central nervous system. The product is at present manufactured and marketed by Merck and Co., Inc., and formerly by Powers-Weightman-Rosengarten Co., now merged with Merck and Co., Inc., under U. S. patents and trademark registration by license from the Rockefeller Institute for Medical Research, which owns both the patents and the trademark. It was accepted by the Council on Pharmacy and Chemistry for inclusion in New and Nonofficial Remedies in 1925. Although from time to time the Council has recognized meritorious products marketed under monopolistic patents, it has never felt that such monopolies, especially when commercially controlled, were wholly in the best interests of medicine or of the general public.

The justification for patenting a worthwhile medical preparation lies in the opportunity this procedure affords of controlling the quality and purity of the preparation involved for the purpose of protecting the public from the marketing of specious or impure products. This is particularly true of a drug such as Tryparsamide, which, the Council is informed by the Rockefeller Institute, requires unusual care in its preparation to insure that degree of purity which is essential for proper use. The divorce of commercial control from the administration of a patent is in the interest of making the patent socially beneficent and serviceable. Such has been the case with the Tryparsamide patent which has been administered by the Rockefeller Institute. That body has derived no financial gain but has, through careful oversight of its licensee, been able to insure the marketing of a carefully manufactured, adequately standardized product.

In view of the fact that the patent expired Sept. 24, 1935, a large manufacturing firm inquired of the Secretary of the Council whether the Council would adopt a nonproprietary designation under which Tryparsamide could be marketed. This raised the question of the virtual perpetuation of monopolies by the use of trademark rights, which go on indefinitely after a patent has expired. This is a pernicious practice, since the establishment of a name through the seventeen years of the life of a patent makes it difficult to market a product under a new name.

On Oct. 9, 1935, the Secretary inquired of the Rockefeller Institute whether it intended to dedicate the name Tryparsamide to the public as a nonproprietary designation on the expiration of the patents. The institute informed the Secretary that it not only planned to dedicate the name to the public as a nonproprietary designation but had already taken steps to that end both in the United States and in numerous foreign countries. The Council, therefore, adopted Tryparsamide as a nonproprietary name for the product which has been marketed under that name as a proprietary designation.

In advising the Secretary of its decision, the Institute expressed the hope that the freedom to use this name which the institute was giving to the public would not result in ill advised competition among drug manufacturers undertaking to make Tryparsamide, because it would be unfortunate, if, as a result of such competition, production costs were lowered to the point at which the present high quality of the drug was jeopardized, with dangerous consequences to the public.

In appreciation of the excellent way in which the Institute has administered the patent on Tryparsamide and in recognition of its altruism in waiving trademark rights, the Council authorized publication of the foregoing statement.

NEW AND NONOFFICIAL REMEDIES

THE FOLLOWING ADDITIONAL ARTICLES HAVE BEEN ACCEPTED AS CONFORMING TO THE RULES OF THE COUNCIL ON PHARMACY AND CHEMISTRY OF THE AMERICAN MEDICAL ASSOCIATION FOR ADMISSION TO NEW AND NONOFFICIAL REMEDIES. A COPY OF THE RULES ON WHICH THE COUNCIL BASES ITS ACTION WILL BE SENT ON APPLICATION.

PAUL NICHOLAS LEECH, Secretary.

MERTHIOLATE (See New and Nonofficial Remedies, 1935, p. 313).

The following dosage form has been accepted:

Saf-T-Top Tincture of Merthiolate 1:1000: Tincture of merthiolate 1:1,000 marketed in Saf-T-Top containers (glass ampules having a capillary opening) containing 2 cc. and 15 cc.

Prepared by Robert A. Bernhard, Rochester, N. Y.

PROCAINE HYDROCHLORIDE (See New and Nonofficial Remedies, 1935, p. 62).

The following dosage form has been accepted:

Ampul Solution Procaine Hydrochloride with Epinephrine, 1 cc.: Each cubic centimeter contains procaine hydrochloride U. S. P. 0.02 Gm. (½ grain), epinephrine hydrochloride 0.04 mg. (1/1,600 grain) and sodium bisulfite 0.45 mg. (1/144 grain) in aqueous solution.

Prepared by the U. S. Standard Products Co., Woodworth, Wis. No U. S. patent or trademark.

Committee on Foods

ACCEPTED FOODS

THE FOLLOWING PRODUCTS HAVE BEEN ACCEPTED BY THE COMMITTEE ON FOODS OF THE AMERICAN MEDICAL ASSOCIATION FOLLOWING ANY NECESSARY CORRECTIONS OF THE LABELS AND ADVERTISING TO CONFORM TO THE RULES AND REGULATIONS. THESE PRODUCTS ARE APPROVED FOR ADVERTISING IN THE PUBLICATIONS OF THE AMERICAN MEDICAL ASSOCIATION, AND FOR GENERAL PROMULGATION TO THE PUBLIC. THEY WILL BE INCLUDED IN THE BOOK OF ACCEPTED FOODS TO BE PUBLISHED BY THE AMERICAN MEDICAL ASSOCIATION.

FRANKLIN C. BING, Secretary.

CELLU BRAND MUSHROOMS, WATER PACKED

Distributor.—Chicago Dietetic Supply House, Inc., Chicago.

Packer.—Michigan Mushroom Company, Niles, Mich.

Description.—Canned whole mushrooms, packed in water.

Manufacture.—Mushrooms, grown from a culture of pure mushroom spawn, are picked at the proper stage of maturity, cleaned, spots cut out, washed, inspected, blanched and packed into cans. The cans are filled with water, sealed and processed.

Analysis (submitted by distributor).—

	per cent
Moisture	93.6
Total solids	6.4
Ash	0.6
Fat (ether extract)	0.2
Protein (N × 6.25)	1.9
Crude fiber	0.4
Starch (diastase method)	2.6
Carbohydrates other than crude fiber (by difference)	3.3

Calories.—0.2 per gram; 6 per ounce.

Claims of Manufacturer.—Choice quality whole mushrooms packed without added sugar or salt. For use in special diets in which sugar or salt is proscribed or in quantitative diets of calculated composition.

BORDEN'S MALTED MILK

Manufacturer.—Borden's Milk Products Company, Inc., New York, subsidiary of the Borden Company, New York.

Description.—Malted milk prepared from whole milk, wheat, flour, barley malt and sodium chloride.

Manufacture.—A mash of barley malt, wheat flour and water is maintained at a definite temperature until the starch has been completely converted, and filtered. The filtrate is partially neutralized with sodium bicarbonate, mixed with pasteurized milk, held for a period, concentrated in vacuum pans, and dried in finishing pans or on drum dryers to 2 per cent moisture content. The dried product is ground, salt is added, and it is packed.

Analysis (submitted by manufacturer).—

	per cent
Moisture	2.0
Ash	3.6
Fat	9.2
Protein (N × 6.25)	15.5
Crude fiber	0.1
Reducing sugar as maltose (including lactose and maltose)	50.0
Dextrins (alcoholic precipitation method)	19.6
Carbohydrates other than crude fiber (by difference)	69.6

Calories.—4.2 per gram; 119 per ounce.

Vitamins.—Biologic assay shows approximately 180 U. S. P. units of vitamin A, 70 Sherman-Chase units of vitamin B and 60 Sherman-Bourquin units of vitamin G per ounce.

Claims of Manufacturer.—Excellent source of food energy, biologically efficient proteins and the minerals calcium and phosphorus; good source of vitamins A, B and G.

WILKINS TEA. ORANGE PEKOE

Manufacturer.—John H. Wilkins Company, Washington, D. C.

Description.—Blend of black fermented Orange Pekoe teas.

Manufacture.—Young tender tea leaves are hand picked, withered for from ten to thirty hours to remove some of the moisture, rolled to break open the cells and distribute the juice over the surface of the leaves, fermented to develop aroma and color, spread on wire trays and dried in a current of hot air to check the fermentation. The dry tea is sorted in sifting machines into various grades and stored in aluminum lined chests. Teas of various varieties are carefully blended to produce a uniformly flavored product, and packed in glassine bags in cartons.

Analysis (submitted by manufacturer).—

	per cent
Moisture	7.4
Total ash	5.5
Water soluble ash	3.4
Acid insoluble ash	0.2
Alkalinity of water soluble ash: 31 cc. N/10 acid per 100 grams tea	
Petroleum ether extract	0.7
Volatile oil	0.02
Protein (N × 6.25)	23.0
Crude fiber	21.6
Tannin	4.9
Caffeine	2.3
Water extract	41.2
Facing material	absent
Dust, stems and foreign leaves	absent

1. HOME BRAND FLAVORED CRYSTAL WHITE SYRUP
2. FOLEY'S BRAND FLAVORED CRYSTAL WHITE SYRUP

Distributors.—1. Griggs, Cooper & Company, St. Paul. 2. Foley Bros. Grocery Company, St. Paul. Subsidiary of Griggs, Cooper & Company.

Manufacturer.—Griggs, Cooper & Company, St. Paul.

Description.—Table syrups; corn syrup with invert sugar syrup; flavored with vanillin and coumarin.

Manufacture.—Definite quantities of corn syrup, invert sugar syrup, water and flavor are mixed, heated, strained and automatically filled into cans.

Analysis (submitted by manufacturer).—

	per cent
Moisture	24.0
Total solids	76.0
Ash	0.3
Fat (ether extract)	0.0
Protein (N × 6.25)	0.1
Reducing sugars as dextrose	35.4
Sucrose	3.9
Dextrins (by difference)	36.3
Acidity as HCl	0.02
Sulfur dioxide	none
pH	5.2

No methods are available for accurately determining the composition of syrups of this nature; therefore the foregoing analysis is roughly approximate.

Calories.—3 per gram; 85 per ounce.

Claims of Manufacturer.—Recommended for use as an easily digestible and readily assimilable carbohydrate supplement to milk in infant feeding and as a syrup for cooking, baking and the table.

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HOSPITAL SERVICE IN THE UNITED STATES

FIFTEENTH ANNUAL PRESENTATION OF HOSPITAL DATA BY THE COUNCIL ON MEDICAL EDUCATION AND HOSPITALS OF THE AMERICAN MEDICAL ASSOCIATION

Outstanding facts shown by the Annual Census of Hospitals for 1935 are fewer hospitals, increased capacity and increased occupancy. The period covered by the census corresponds nearly with the calendar year 1935. Answers were received from 96 per cent of the hospitals, representing about 99 per cent of the total bed capacity. The total number of registered hospitals is 6,246 as compared with 6,334 last year, a net loss of eighty-eight.

The capacity of all registered hospitals is 1,076,350 beds and 53,310 bassinets, a gain for the year of 28,249 beds and 284 bassinets.

General hospitals gained 12,749 beds and 901 bassinets.

fifteen, according to the estimated census, was a hospital bed patient in 1935.

Growth of hospital facilities for the last twenty-six years has been at the rate of 25,203 beds a year. This is the equivalent of sixty-nine beds for every day in the twenty-six years.

There are 4,364 hospitals that have their own laboratories, 3,115 of which are directed by physicians, while 275 admitted having nurses for directors.

Roentgen-ray departments were reported by 4,698 hospitals, with 3,686 physician-directors and 278 nurse-directors.

Hospitals reporting patients' libraries numbered 2,749.

1935	Hospitals	Beds	Bassinets	Patients Admitted	Average Census
Nonprofit	2,640	268,568	36,152	4,477,515	167,680
Profit (unrestricted)	1,882	64,859	8,741	946,587	32,909
Governmental	1,724	742,923	8,417	2,285,840	676,100
Totals	6,246	1,076,350	53,310	7,709,942	876,689

Nonprofit organizations have 2,640, or about two fifths of the entire number of hospitals. Governmental agencies maintain 742,923 beds, or more than twice as many as the nonprofit and for profit organizations combined. On the other hand, nonprofit organizations admitted 4,477,515 patients, or almost twice as many as all governmental agencies, even though the latter include county and city hospitals. Nongovernmental hospitals have 44,893 bassinets out of a total of 53,310 in all hospitals. Governmental hospitals have an average census of 676,100, or about three times that of the combined nongovernmental organizations. The figures prove the necessity of government responsibility for indigent, custodial and chronic care, and non-government or voluntary care for that large number whose disabilities are acute, the stay comparatively short, and most of whom have available financial resources. The reader will not overlook the contrast between the figures for the nonprofit and those for the for profit organizations.

The average number of idle beds was 199,661, of which 144,880 were in general hospitals.

The total patients admitted, not counting the new-born infants, was 7,709,942, a gain of 562,526 over last year.

The average daily census of patients of all registered hospitals was 876,689, a gain of 46,591.

The increase in capacity during 1935 is equivalent to a complete seventy-seven bed hospital for every day in the year, including Sundays and holidays. This is in addition to replacements.

Hospitals are admitting bed patients at the rate of one patient every four seconds throughout the year.

The 4,257 general hospitals admitted 6,867,870 patients, or 89.07 per cent of the 7,709,942 patients admitted to all hospitals. However, the total patient days in general hospitals was only 95,372,310, or 29.8 per cent of 319,991,485, patient days in all hospitals.

The average length of stay per patient in general hospitals was fourteen days.

The 769,660 babies born in hospitals in 1935 means an increase of 68,517 over 1934. General hospitals reported 732,465 births and maternity hospitals 35,784.

Using the population estimated for 1935 by the United States Bureau of the Census, one person in

Seven hundred and seventeen hospitals have their own ambulances, and 533 of these reported a total of 802,930 ambulance calls.

The 2,476 hospitals said to have outpatient departments reported 9,712,862 outpatients, who made 35,588,640 visits to the outpatient departments.

In the foregoing paragraphs and throughout this article the figures for "patients admitted" and "average daily census of patients" are exclusive of new-born infants and do not include outpatients.

Reference to outpatient departments, ambulances, schools of nursing and so on are not to be understood as requirements or even as arguments for the maintaining of such facilities by all hospitals. Hospital facilities should be provided in accordance with the needs of any given institution for the best and expeditious care of its patients.

Some idea of the immense proportions of hospital enterprises in all states may be easily obtained by looking at the grand totals of the number of hospitals, their capacity and the number of patients accommodated.

In New York State alone, there are 588 registered hospitals under several kinds of control and all types of service with a grand total capacity of 166,843 beds

and 7,625 bassinets. The number of persons in that state who made use of hospital beds during the year was 1,123,533. The average census of the citizens of the state in all those registered hospitals was 141,277.

The nearest second to New York is Pennsylvania, with its total of 360 registered hospitals and a bed capacity of 80,969 and 4,385 bassinets. There were 595,904 patients admitted and the average census was 66,223.

The volume of hospital service in Illinois is third, with 321 hospitals, 75,949 beds, 4,050 bassinets, 543,141 patients admitted and an average census of 60,553. California exhibits 368 registered hospitals, 64,315 beds and 3,062 bassinets, a total of 487,433 admissions and an average census of 53,895.

The column that yielded these figures shows five additional states in each of which more than 250,000 were admitted to hospitals for bed care during the year. These are Massachusetts, 351,791; Ohio, 351,785; Michigan, 306,960; New Jersey, 269,057, and Texas, 270,427.

Other states in which more than 100,000 patients were admitted during the year are Connecticut, Georgia, Indiana, Iowa, Kansas, Louisiana, Maryland, Minnesota, Missouri, North Carolina, Tennessee, Virginia, Washington, West Virginia and Wisconsin.

New-born infants are not counted in the figures here given either for the patients admitted or for the average census.

IDLE BEDS

An accompanying map shows at a glance the percentage of occupancy prevailing in general hospitals for each state. The different sections of the United

Unoccupied Beds in Hospitals

	1929	1933	1935
According to Ownership or Control:			
Federal	13,868	18,909	18,538
State	21,664	24,119	21,956
County	12,625	11,303	11,624
City	14,666	11,174	12,571
City-county	2,807	2,234	2,114
Total governmental	65,632	68,739	66,823
Church	37,785	52,219	43,676
Fraternal	1,656	1,912	1,740
Associations and restricted corporations	.....	.....	55,472
Industrial	5,107	5,391	.....
Independent associations	54,794	71,305	.....
Total nonprofit	.....	.....	100,888
Individuals and partnership	17,373	19,639	15,761
Corporations (unrestricted as to profit)	.....	.....	16,249
Total proprietary	.....	.....	31,950
Total nongovernmental	114,715	148,376	132,838
According to Type of Service:			
General	123,625	155,021	144,880
Nervous and mental	18,979	24,168	22,674
Tuberculosis	10,603	10,381	9,635
Maternity	2,672	3,119	1,539
Industrial	3,180	3,303	1,845
Eye, ear, nose and throat	1,383	1,427	1,174
Children's	1,857	1,868	1,759
Orthopedic	1,175	1,407	1,264
Isolation	4,745	3,988	4,083
Convalescent and rest	1,886	1,687	1,796
Hospital departments of institutions	9,148	8,591	6,904
All other hospitals	2,304	1,725	1,336
Total unoccupied beds—all hospitals	180,567	216,775	199,661

States vary greatly in the extent to which the people make use of hospitals. Worthy of special study is the table that tells the number of unoccupied beds. It shows trends by comparing figures for 1929, 1933 and 1935. The first section of the table reports for all registered hospitals grouped according to ownership or control, and the second section shows the empty beds in hospitals grouped according to type of service. The average number of idle beds for the year 1935 is 199,661, as compared with 216,775 in 1933 and 180,367 in 1929. The idle beds in general hospitals numbered 144,880. All governmental hospitals, federal, state and

Percentages of Beds Occupied

	1929	1931	1933	1935
According to Ownership or Control:				
Federal	76.8	76.5	75.0	77.7
State	94.6	94.2	94.5	95.4
County	80.7	81.2	85.8	87.2
City	74.3	76.3	83.0	82.8
City-county	80.2	82.0	75.5	79.1
Total governmental	88.9	88.7	90.1	91.1
Church	66.7	63.2	54.9	61.4
Fraternal	68.7	69.0	64.5	67.5
Associations and restricted corporations	....	....	....	63.0
Industrial	54.4	48.2	44.4	....
Independent associations	65.9	64.3	58.5	....
Total nonprofit	....	....	....	62.0
Individual and partnership	54.2	48.7	41.1	47.4
Corporations (unrestricted as to profit)	....	....	....	52.5
Total proprietary	....	....	....	50.7
Total nongovernmental	64.6	61.9	55.3	60.1
According to Type of Service:				
General	65.5	64.4	59.9	64.3
Nervous and mental	95.7	94.6	95.1	95.8
Tuberculosis	82.7	85.0	85.3	85.4
Maternity	62.8	58.6	60.9	58.3
Industrial	54.6	54.1	44.7	60.0
Eye, ear, nose and throat	47.7	52.0	45.6	48.1
Children's	65.9	60.9	65.9	63.9
Orthopedic	80.2	78.1	76.9	78.3
Isolation	36.1	36.6	41.2	44.7
Convalescent and rest	70.9	72.3	69.2	71.1
Hospital departments of institutions	63.0	63.9	60.1	66.6
All other hospitals	74.6	69.2	79.3	86.9
Total all hospitals	80.1	79.6	78.8	81.4

local, had an average of 66,823 idle beds. The nonprofit associations, such as churches, fraternal organizations and independent associations, maintain 100,888 idle beds.

A separate table shows percentage of beds occupied in the different groups of hospitals, showing trends over the past six years. General hospitals had an occupancy of 64.3 per cent in 1935 as against 59.9 per cent in 1933. Nervous and mental hospitals show an occupancy of 95.8 per cent as compared with 95.1 per cent in 1933. Overcrowding is a chronic situation in the majority of state mental hospitals. Tuberculosis hospitals as a group show an occupancy rate of 85.4 per cent; maternity hospitals, 58.3 per cent; industrial, 46 per cent; eye, ear, nose and throat hospitals, 48.1 per cent; children's hospitals, 63.9 per cent, and orthopedic hospitals, 78.3 per cent.

GOVERNMENTAL HOSPITALS

Practically every unit of government has found it necessary or expedient to engage in the hospitalization of the sick and injured. Different departments of the federal government maintain hospitals for the Army, the Navy, the Public Health Service, Veterans, Indians and a few others.

State governments have assumed the duty of providing hospitalization for indigent patients suffering from mental diseases and from tuberculosis. This has given rise to a large system of state mental hospitals. In Wisconsin, custodial care of the insane is provided by counties. Only facilities for study and diagnosis are maintained by the state. The states assume the care of those suffering from tuberculosis and mental diseases because these ailments produce a period of disability longer than the finances of the average citizen will carry him.

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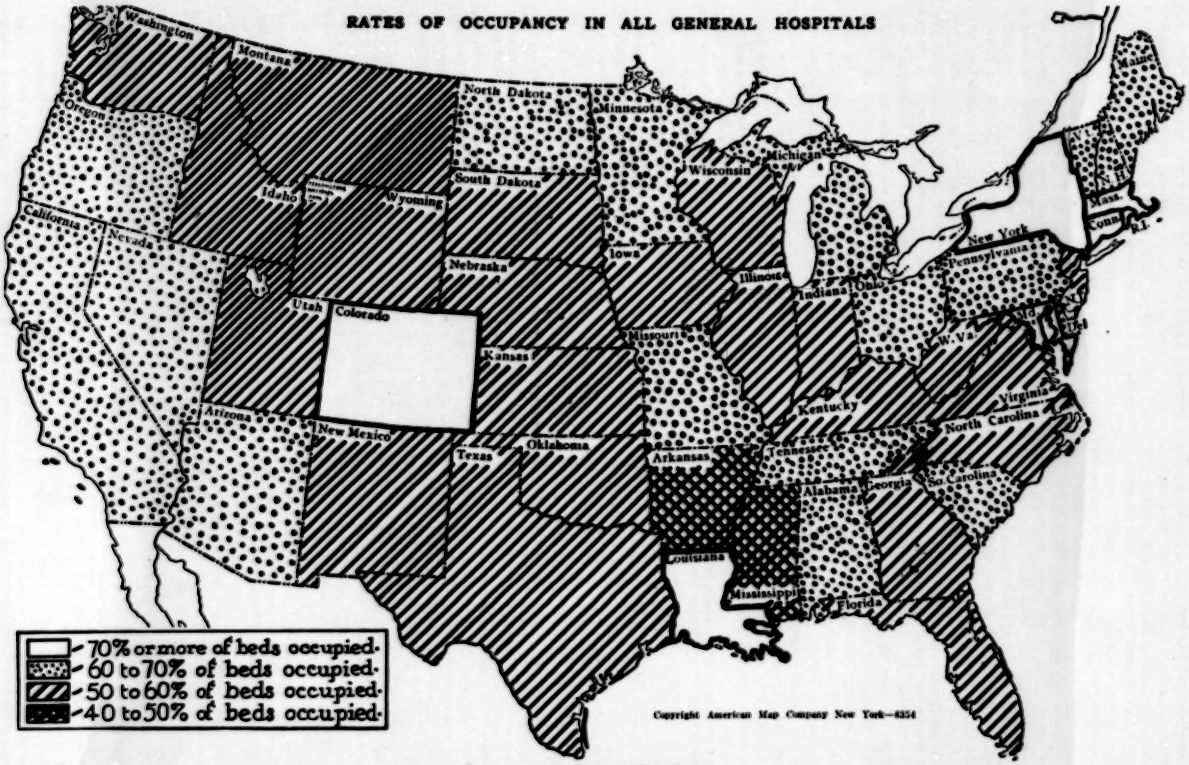

Occupancy in General Hospitals

The percentages of beds occupied in general hospitals during the year 1935, by states, were as follows:

Alabama	59.9	District of Columbia	69.8	Kansas	57.1	Minnesota	63.1	New Jersey	70.0	Oregon	60.6	Utah	54.7
Arizona	66.6	Florida	56.2	Kentucky	54.1	Mississippi	40.6	New Mexico	53.7	Pennsylvania	65.2	Vermont	60.6
Arkansas	49.4	Georgia	53.1	Louisiana	65.6	Missouri	64.7	New York	73.5	Rhode Island	70.6	Virginia	58.1
California	66.4	Idaho	54.7	Maine	64.2	Montana	58.0	North Carolina	58.3	South Carolina	60.2	Washington	59.8
Colorado	78.9	Illinois	57.5	Maryland	77.7	Nebraska	56.1	North Dakota	64.6	South Dakota	56.8	West Virginia	54.5
Connecticut	70.3	Indiana	56.5	Massachusetts	70.8	Nevada	66.3	Ohio	63.3	Tennessee	61.2	Wisconsin	58.9
Delaware	65.4	Iowa	56.4	Michigan	67.5	New Hampshire	60.2	Oklahoma	56.0	Texas	53.7	Wyoming	51.5

For the general care of the indigent and with special relation to injuries and to diseases other than mental and tuberculosis, hospitalization has been assumed by county and city governments or by the two combined. Medical services in these hospitals are usually rendered by physicians dwelling within the confines of the county or the city.

Regarding growth of governmental hospitalization, in 1923 there were 1,736 of all types of government institutions including federal, state and local, and they had an aggregate capacity of 471,948 beds; in 1927 our census showed 1,809 with a bed capacity of 545,169; in 1935 we found 1,724 governmental hospitals with a capacity of 742,923, admitting 2,285,840 patients and having a constant patient population of 676,100. A very fruitful source of facts on this growth is contained in table 1, section A. The federal hospitals now number 316, with a capacity of 83,353 beds and 604 bassinets. The number of patients admitted reached the unprecedented total of 382,980 and the average census was 64,795. Looming still larger is the work of the state hospitals, which number 526 but have a total capacity of 485,205 beds and 1,186 bassinets. They admitted 506,133 patients and had a constant census of 463,249. The apparent decline in the number of state hospitals from 592 in 1927 to 526 in 1935

Summary of Growth of Hospitals, 1909 to 1935

Year	Federal Hospitals		State Hospitals		All Other Hospitals		Total	
	Number	Capacity	Number	Capacity	Number	Capacity	Number	Capacity
1909...	71	8,827	232	180,049	4,656	223,180	4,959	421,085
1914...	95	12,662	294	232,834	4,639	287,045	5,027	532,481
1918...	110	18,815	308	282,254	4,910	331,182	5,328	632,251
1923...	229	53,889	601	307,208	6,009	390,645	6,839	755,732
1928...	294	61,765	595	389,750	5,983	481,410	6,852	892,934
1931...	291	69,170	576	419,292	5,746	485,663	6,613	974,115
1932...	301	74,151	568	442,601	5,693	497,302	6,562	1,014,354
1933...	295	75,655	557	459,646	5,585	491,765	6,437	1,027,066
1934...	313	77,865	544	473,055	5,477	497,201	6,334	1,048,101
1935...	316	83,353	526	485,205	5,404	507,792	6,246	1,076,350

is explained mainly by the discontinuance of hospital departments of various state custodial institutions, which found it more economical and effective to hospitalize their sick inmates in existing general hospitals of the community. The average size of governmental hospitals, both state and local, has increased tremendously in recent years. County hospitals now number 490 and they have 90,904 beds and 2,375 bassinets, admitted 476,275 patients in 1935 and had an average census of 79,280 patients. The number of patients admitted increased 22,850 over last year.

City hospitals remain about constant in number, there now being 328, the same as last year. They show a slow growth, now having 73,322 beds and 3,742 bassinets.

Hospitals operated by city and county governments jointly declined in number and in patient population, owing in part to the dropping out of one or the other member of the dual ownership, causing a reclassification either as a county hospital or as a city hospital.

NONPROFIT ORGANIZATIONS

There are 2,640 hospitals that are run by nongovernmental, nonprofit organizations. They include churches, fraternal orders, and nonprofit corporations and associations organized for the express purpose of conducting a hospital.

The total capacity of the 2,640 nonprofit hospitals is 268,568 beds and 36,152 bassinets. Most of the hospitals in this group care for the acutely sick and injured persons, including most types of ailment with the exception of contagious diseases, nervous and mental and tuberculosis. The rapid turnover and the large number of persons served are attested by the fact that 4,477,515 patients were admitted during the year 1935. This was an increase of 313,780 over the previous year.

CHURCH HOSPITALS

Among the nonprofit organizations, churches figure prominently. There are 970 church hospitals with a total capacity of 113,268 beds and 16,033 bassinets. The patients admitted numbered 1,950,308 in 1935 as compared with 2,013,352 in 1931. Although the number of patients admitted by church hospitals decreased in the five year period, the last year shows a substantial increase. The majority of patients in church hospitals are pay patients, and it is to be expected that their patronage will fluctuate with business conditions.

The state holding the banner for number of church hospitals is Illinois with eighty-six, followed by New York with seventy-eight, Wisconsin with fifty-nine, Ohio with forty-eight, and Iowa and Pennsylvania with forty-two each.

FRATERNAL HOSPITALS

Fraternal hospitals have decreased since 1927 from eighty-five to sixty-nine. At the same time the number of beds has increased from 4,935 to 5,360. The number of patients admitted in fraternal hospitals is on the decrease, but the average census is increasing.

NONPROFIT CORPORATIONS AND ASSOCIATIONS

Nonprofit corporations and associations are organizations other than churches and fraternal orders each of which was brought into being for the sole purpose of operating a hospital at a given place. Usually the hospital is controlled by a board of trustees elected by the members of the hospital association, membership in the association being determined on the basis of donations or contributions. Such organizations are operating 1,601 hospitals, which have a capacity of 149,940 beds and 18,978 bassinets. They admitted 2,493,281 patients. In 1935 their average census was 94,468. Figures are available for comparison only with the previous year, and in that time they show increases in occupancy figures.

The state in which these are most numerous is New York with 212, followed by Pennsylvania with 189, Massachusetts with 103, Illinois with eighty-three, and Ohio with seventy-five.

PROPRIETARY ORGANIZATIONS

The classification of proprietary organizations embraces those hospitals usually spoken of as being operated "for profit." They may be divided into two groups, those operated by individuals and partnerships and those run by corporations that are unrestricted as to profit; they may or may not make a profit, but their form of organization does not keep them from it.

INDIVIDUAL AND PARTNERSHIP

The individual and partnership hospitals number 1,255. They have a capacity of 29,913 beds and 4,384 bassinets. They admitted 413,997 patients during the year and their average census was 14,212. There seems to be a pronounced downward trend here, since these hospitals numbered 1,682 in 1927 with a capacity of 39,118 beds. Nevertheless, this type of control and ownership is especially useful in communities where hospitals on a plan of broader cooperation cannot be obtained.

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Table 1.—HOSPITAL FACILITIES BY STATES AND BY CONTROL A. GOVERNMENT HOSPITALS

Marginal No.	State	Federal: Hospitals	Federal: Beds	Federal: Bassinets	Federal: Patients Admitted	Federal: Average Census	State: Hospitals	State: Beds	State: Bassinets	State: Patients Admitted	State: Average Census
1	Alabama	5	1,791	4	7,519	1,526	7	5,883	3	5,040	5,562
2	Arizona	21	1,831	60	13,915	1,365	2	1,035	..	663	900
3	Arkansas	3	1,596	2	5,598	1,352	6	4,588	..	4,169	4,423
4	California	20	6,649	29	31,872	4,833	16	21,326	30	19,230	22,904
5	Colorado	6	2,066	16	8,266	1,422	8	4,158	18	6,203	3,918
6	Connecticut	1	266	..	1,853	224	15	9,704	70	6,704	9,185
7	Delaware	1	28	..	221	7	4	1,622	..	537	1,483
8	District of Columbia	8	8,630	71	22,210	7,587	..	....	..	.....	...
9	Florida	5	754	..	5,658	583	5	4,771	2	3,433	4,528
10	Georgia	8	2,321	13	15,937	1,902	4	6,991	..	2,632	7,106
11	Idaho	3	448	4	1,518	303	5	1,561	..	1,208	1,410
12	Illinois	10	5,514	5	19,078	3,868	24	35,921	57	28,906	34,208
13	Indiana	4	1,932	4	5,330	1,825	17	11,251	42	8,707	10,835
14	Iowa	4	1,298	..	3,987	1,245	17	11,440	70	24,156	11,000
15	Kansas	7	1,676	14	14,760	1,130	16	7,574	22	9,095	6,969
16	Kentucky	7	2,134	3	6,190	1,157	7	7,272	..	3,877	7,051
17	Louisiana	4	1,624	4	7,015	1,233	7	8,844	147	83,670	9,213
18	Maine	3	409	..	2,983	308	6	3,719	..	1,063	3,562
19	Maryland	8	1,770	8	6,663	1,468	14	8,477	67	12,675	7,962
20	Massachusetts	8	2,924	6	7,018	2,268	31	32,074	46	17,419	30,731
21	Michigan	5	1,216	..	3,861	1,071	19	18,514	45	35,783	17,469
22	Minnesota	8	1,663	22	7,428	1,518	16	13,986	36	15,132	13,359
23	Mississippi	3	865	7	2,540	742	13	6,070	30	13,804	5,447
24	Missouri	6	1,610	4	6,430	1,152	9	8,243	10	5,564	7,744
25	Montana	7	644	33	4,457	363	3	2,025	3	988	1,973
26	Nebraska	4	323	10	3,507	261	12	5,825	31	5,400	5,546
27	Nevada	3	99	5	1,004	48	1	400	..	146	386
28	New Hampshire	1	150	..	178	17	4	2,694	..	707	2,592
29	New Jersey	3	1,001	2	2,614	926	15	15,009	3	7,367	14,282
30	New Mexico	16	1,522	52	10,115	1,040	4	836	5	766	814
31	New York	23	7,254	26	30,583	5,710	41	84,670	93	30,354	77,407
32	North Carolina	3	953	9	4,383	729	7	6,936	12	3,394	6,580
33	North Dakota	7	298	25	4,895	217	4	2,926	1	1,075	2,794
34	Ohio	6	2,530	4	9,089	2,200	22	26,229	33	21,581	25,318
35	Oklahoma	13	1,345	55	15,661	1,033	11	8,961	17	11,874	8,608
36	Oregon	4	639	2	3,706	449	9	5,342	..	4,793	5,018
37	Pennsylvania	6	2,482	1	7,766	2,113	32	24,902	151	40,120	24,331
38	Rhode Island	2	205	..	1,546	98	7	4,436	61	2,228	4,297
39	South Carolina	3	505	4	4,863	340	4	3,730	..	3,407	4,232
40	South Dakota	8	938	28	7,661	633	4	2,498	..	769	2,423
41	Tennessee	3	1,129	..	7,711	809	8	5,642	..	3,188	5,408
42	Texas	13	2,577	31	16,369	1,843	14	14,707	2	9,466	14,182
43	Utah	3	154	5	1,760	123	2	1,436	..	377	1,270
44	Vermont	1	83	..	1,460	71	6	1,504	..	706	1,364
45	Virginia	8	2,423	6	9,990	1,667	13	10,765	30	12,287	9,802
46	Washington	13	2,550	10	14,029	2,014	7	6,722	..	3,213	6,910
47	West Virginia	1	210	..	1,785	193	11	4,912	19	7,056	4,289
48	Wisconsin	3	1,391	10	5,734	1,048	13	6,019	22	13,938	5,329
49	Wyoming	4	942	10	4,273	701	4	992	8	2,553	895
50	Totals (1935)	316	83,353	604	382,980	64,795	526	485,205	1,186	506,133	463,249
51	(1934)	313	77,865	560	324,354	58,209	544	473,035	1,154	474,539	447,014
52	(1933)	295	75,635	502	324,160	56,726	557	450,646	925	483,118	435,527
53	(1932)	301	74,151	461	326,628	57,984	568	442,601	1,014	464,752	417,232
54	(1931)	291	69,170	391	301,149	52,881	576	419,282	846	388,984	394,938
55	(1930)	288	63,581	274	....	50,499	581	405,309	788	....	380,279
56	(1929)	292	59,901	229	....	46,033	578	385,706	785	....	364,042
57	(1928)	294	67,165	117	....	....	595	369,759	813	....	....
58	(1927)	301	60,444	...	....	42,137	592	354,786	...	....	328,737

Marginal No.	State	County: Hospitals	County: Beds	County: Bassinets	County: Patients Admitted	County: Average Census	City: Hospitals	City: Beds	City: Bassinets	City: Patients Admitted	City: Average Census
1	Alabama	4	569	45	10,447	424	3	256	30	9,577	135
2	Arizona	7	317	30	4,094	220	..	...	..	.....	...
3	Arkansas	2	280	6	1,030	245	4	200	28	3,674	85
4	California	61	17,339	555	149,581	14,841	1	90	..	3	1
5	Colorado	3	194	18	2,306	161	..	...	..	.....	...
6	Connecticut	..	...	..	.....	...	5	861	28	7,510	630
7	Delaware	..	...	..	.....	...	..	...	..	.....	...
8	District of Columbia	..	...	..	.....	...	6	2,148	86	17,009	1,689
9	Florida	8	551	47	8,094	414	6	697	88	21,727	505
10	Georgia	3	153	18	2,831	93	6	1,038	108	26,017	708
11	Idaho	4	161	32	4,775	126	..	...	..	.....	...
12	Illinois	23	8,061	191	85,107	7,658	20	2,525	117	18,631	1,995
13	Indiana	35	3,388	139	18,867	2,745	4	596	58	11,925	460
14	Iowa	11	725	41	6,043	519	7	165	38	3,243	79
15	Kansas	5	256	36	4,084	162	7	191	42	2,971	77
16	Kentucky	3	201	17	2,474	146	5	843	91	14,813	500
17	Louisiana	..	...	..	.....	...	1	100	..	657	83
18	Maine	..	...	..	.....	...	3	229	26	2,032	158
19	Maryland	3	187	15	1,095	131	5	1,413	4	10,091	1,064
20	Massachusetts	8	1,245	..	1,233	1,137	31	5,432	386	74,453	4,287
21	Michigan	29	7,244	42	15,398	5,978	37	4,534	377	64,032	3,790
22	Minnesota	17	1,690	21	5,241	1,610	13	1,098	113	15,580	724
23	Mississippi	2	50	6	713	17	1	22	3	201	3
24	Missouri	5	401	53	6,777	314	15	7,351	207	46,507	6,545
25	Montana	5	237	15	1,223	192	..	...	..	.....	...
26	Nebraska	1	400	12	3,619	381	3	208	32	2,887	84
27	Nevada	9	355	31	3,125	240	..	...	..	.....	...
28	New Hampshire	3	200	18	1,842	192	3	166	15	1,561	61
29	New Jersey	22	9,311	285	14,984	7,977	11	2,774	171	36,427	2,185
30	New Mexico	..	...	..	.....	...	..	...	..	.....	...
31	New York	49	6,862	112	22,346	6,134	49	19,155	948	262,439	17,913
32	North Carolina	9	685	17	2,346	598	3	293	31	4,769	123
33	North Dakota	2	80	5	377	70	1	16	..	98	3
34	Ohio	21	2,908	50	9,632	2,643	23	4,250	294	47,075	3,217
35	Oklahoma	1	50	10	918	19	7	256	29	3,819	87
36	Oregon	3	369	36	5,409	327	2	88	9	691	32
37	Pennsylvania	18	7,805	14	3,909	7,239	11	12,362	82	34,929	10,202
38	Rhode Island	..	...	..	.....	...	1	266	..	1,901	186
39	South Carolina	6	727	56	10,392	491	3	232	14	5,031	137
40	South Dakota	1	17	3	369	9	1	15	5	282	6
41	Tennessee	7	2,133	8	2,168	1,646	3	989	96	23,636	736
42	Texas	15	715	76	10,161	436	8	657	69	12,737	376
43	Utah	3	274	37	4,027	200	1	52	9	629	24
44	Vermont	..	...	..	.....	...	..	...	..	.....	...
45	Virginia	2	73	11	1,168	34	5	690	24	3,199	558
46	Washington	13	1,704	95	17,825	1,554	3	380	1	756	248
47	West Virginia	4	135	10	1,898	91	2	95	24	2,387	69
48	Wisconsin	60	12,528	107	22,971	11,719	8	589	59	13,148	386
49	Wyoming	3	264	35	4,776	147	..	...	..	.....	...
50	Totals (1935)	490	90,904	2,375	476,275	79,280	328	73,322	3,742	809,054	60,751
51	(1934)	496	83,919	2,404	453,425	71,157	328	71,931	3,680	792,887	59,891
52	(1933)	511	80,410	2,220	406,921	69,047	344	69,639	3,627	762,643	57,865
53	(1932)	514	84,534	2,116	384,265	71,089	358	69,551	3,529	767,006	57,582
54	(1931)	508	77,373	1,932	345,236	62,862	364	61,351	3,478	680,529	46,854
55	(1930)	505	73,615	1,498	....	60,529	364	63,064	3,246	....	47,880
56	(1929)	487	65,619	1,385	....	52,994	357	57,128	3,093	....	42,440
57	(1928)	489	63,231	1,297	....	....	372	65,126	3,161	....	....
58	(1927)	480	58,907	.....	....	47,704	366	63,327	.....	....	46,380

Marginal No.	State	City and County: Hospitals	City and County: Beds	City and County: Bassinets	City and County: Patients Admitted	City and County: Average Census	Total Governmental: Hospitals	Total Governmental: Beds	Total Governmental: Bassinets	Total Governmental: Patients Admitted	Total Governmental: Average Census	Marginal No.
1	Alabama	2	125	8	1,196	59	21	8,624	90	33,779	7,706	1
2	Arizona	..	...	..	.....	...	30	3,183	90	18,672	2,545	2
3	Arkansas	1	15	3	240	7	16	6,679	39	14,711	6,112	3
4	California	3	2,174	55	12,396	1,746	101	47,578	660	213,082	44,415	4
5	Colorado	2	644	30	16,334	441	19	7,062	82	33,709	5,942	5
6	Connecticut	..	...	..	.....	...	21	10,831	98	15,867	10,039	6
7	Delaware	..	...	..	.....	...	5	1,650	..	758	1,490	7
8	District of Columbia	..	...	..	.....	...	14	10,778	157	39,219	9,276	8
9	Florida	2	150	20	1,406	60	26	6,923	157	40,318	6,000	9
10	Georgia	6	749	39	9,403	457	27	11,252	178	56,820	10,266	10
11	Idaho	1	15	6	344	8	13	2,185	42	7,845	1,847	11
12	Illinois	1	35	8	842	20	78	52,056	378	152,564	47,809	12
13	Indiana	1	10	..	29	2	61	17,177	283	44,858	15,867	13
14	Iowa	..	...	..	.....	...	39	13,628	149	37,429	12,843	14
15	Kansas	1	60	..	151	42	36	9,757	114	31,061	8,380	15
16	Kentucky	4	615	15	2,233	551	21	11,065	126	29,587	9,405	16
17	Louisiana	..	...	..	.....	...	12	10,568	151	91,342	10,499	17
18	Maine	..	...	..	.....	...	12	4,357	26	6,078	4,048	18
19	Maryland	1	128	20	2,700	81	31	11,975	114	33,233	11,306	19
20	Massachusetts	1	20	..	700	20	79	41,695	438	100,823	38,443	20
21	Michigan	1	35	..	143	13	91	31,543	464	119,217	28,321	21
22	Minnesota	3	968	56	12,521	862	57	19,405	248	55,902	18,073	22
23	Mississippi	1	35	6	396	10	20	7,042	52	17,654	6,219	23
24	Missouri	..	...	..	.....	...	35	17,605	274	65,278	15,755	24
25	Montana	1	35	..	65	4	16	2,944	51	6,733	2,532	25
26	Nebraska	..	...	..	.....	...	20	6,756	85	15,413	6,272	26
27	Nevada	..	...	..	.....	...	13	854	36	4,275	674	27
28	New Hampshire	..	...	..	.....	...	11	3,270	33	4,288	2,862	28
29	New Jersey	..	...	..	.....	...	51	28,065	461	61,392	25,370	29
30	New Mexico	..	...	..	.....	...	20	2,358	57	10,881	1,854	30
31	New York	3	1,190	38	10,630	1,150	165	119,131	1,217	356,352	108,323	31
32	North Carolina	4	144	16	2,909	85	26	9,011	85	17,711	8,115	32
33	North Dakota	1	10	..	50	4	15	3,330	31	6,504	3,088	33
34	Ohio	..	...	..	.....	...	72	35,917	381	87,377	33,378	34
35	Oklahoma	1	50	6	427	15	33	10,602	117	32,090	9,762	35
36	Oregon	..	...	..	.....	...	18	6,438	47	14,599	5,826	36
37	Pennsylvania	2	115	2	661	121	69	47,728	250	96,385	44,006	37
38	Rhode Island	1	307	43	3,291	167	11	5,214	104	8,966	4,748	38
39	South Carolina	1	26	..	56	22	17	5,220	74	23,749	5,222	39
40	South Dakota	..	...	..	.....	...	14	3,468	36	9,081	3,071	40
41	Tennessee	5	808	37	7,719	691	26	10,692	141	44,422	9,380	41
42	Texas	13	1,638	94	23,432	1,346	63	20,294	212	72,156	18,183	42
43	Utah	..	...	..	.....	...	9	1,916	51	6,793	1,617	43
44	Vermont	..	...	..	.....	...	7	1,587	..	2,166	1,435	44
45	Virginia	..	...	..	.....	...	28	13,951	71	26,644	12,061	45
46	Washington	..	...	..	.....	...	36	11,356	106	35,823	10,726	46
47	West Virginia	..	...	..	.....	...	18	5,352	53	13,126	4,642	47
48	Wisconsin	1	38	8	1,106	32	85	20,565	206	56,807	18,514	48
49	Wyoming	..	...	..	.....	...	11	2,198	53	11,092	1,743	49
50	Totals (1935)	64	10,139	510	111,398	8,025	1,724	742,923	8,417	2,285,840	676,100	50
51	(1934)	68	11,138	548	113,860	8,729	1,749	717,888	8,346	2,150,065	645,000	51
52	(1933)	69	9,143	541	178,086	6,909	1,776	694,473	7,815	2,155,538	626,074	52
53	(1932)	63	8,530	540	108,812	6,281	1,804	679,367	7,660	2,049,533	610,168	53
54	(1931)	77	14,348	615	108,450	11,766	1,816	641,524	7,262	1,833,078	569,301	54
55	(1930)	74	14,157	497	....	11,550	1,812	619,726	6,303	....	550,737	55
56	(1929)	81	14,183	570	....	11,376	1,795	582,537	6,062	....	516,885	56
57	(1928)	63	7,553	284	....	....	1,813	567,434	5,672	....	....	57
58	(1927)	70	7,705	...	....	5,190	1,809	545,169	.....	....	470,157	58

The list beginning on page 796 was subject to additions and removals of hospitals until going to press; totals of the list, therefore, may vary slightly from tables 1 and 2, which were prepared as of Dec. 31, 1935.

Conspicuous for the number of individually owned and partnership hospitals are California and Texas, each with 106, New York with seventy-five, Minnesota with seventy-two, Nebraska with forty-nine and Oklahoma with forty-seven.

CORPORATIONS (UNRESTRICTED AS TO PROFIT)

Corporations unrestricted as to profit are frequently called "stock" hospitals. Figures on them as a segregated classification have been obtained only for two years. Their number is 627, with a capacity of 34,946 beds and 4,357 bassinets. Patients admitted in 1935 numbered 532,590, and the average census was 18,697. An increase in the amount of work during the past year is noticeable, considering that they receive almost wholly pay patients.

The total number of hospitals understood to be operating for profit or with a possibility of profit, therefore, numbers 1,882. They have 64,859 beds and 8,741 bassinets. They admitted 946,587 patients and their average census was 32,909.

TOTALS FOR NONGOVERNMENTAL HOSPITALS

The summary of tables 1 B and 1 C indicates that nongovernmental hospitals show a decline in number but show an increase in capacity and in the number of persons served. The total nongovernmental hospitals is 4,522, with a capacity of 333,427 beds and 44,893 bassinets. They admitted 5,424,102 patients last year as contrasted with 2,285,840 patients, the number admitted by all governmental hospitals.

Table 1.—HOSPITAL FACILITIES BY STATES AND BY CONTROL B. NONPROFIT ORGANIZATIONS

Marginal No.		Church					Fraternal				
		Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Hospitals	Beds	Bassinets	Patients Admitted	Average Census
1	Alabama	7	663	84	15,874	352	1	29	..	212	12
2	Arizona	9	739	84	13,343	473	1	26	..	30	14
3	Arkansas	9	976	83	16,090	467	3	125	6	1,154	74
4	California	40	4,598	823	90,079	2,590	5	675	29	7,289	462
5	Colorado	28	2,569	273	37,311	2,499	2	266	..	183	115
6	Connecticut	4	908	166	19,729	644	..	...	..	...	..
7	Delaware	1	75	12	1,646	48	..	...	..	...	..
8	Dist. Columbia	4	736	117	20,100	535	..	...	..	...	..
9	Florida	7	706	107	9,869	289	3	145	7	1,208	103
10	Georgia	5	464	58	11,177	285	1	60	..	267	46
11	Idaho	11	642	110	13,415	374	..	...	..	...	..
12	Illinois	86	11,531	1,766	197,011	6,405	5	432	25	4,546	267
13	Indiana	28	3,734	605	68,388	1,951	1	100	..	85	75
14	Iowa	42	4,020	591	67,521	2,185	1	50	..	17	42
15	Kansas	36	2,943	428	49,744	1,628	1	250	..	1,352	71
16	Kentucky	14	1,652	206	29,368	1,013	2	40	..	89	128
17	Louisiana	9	1,279	124	27,742	780	2	122	13	1,104	81
18	Maine	5	353	41	6,077	222	..	...	..	...	..
19	Maryland	9	1,943	171	25,597	1,567	..	...	..	...	..
20	Massachusetts	18	2,437	395	41,144	1,680	1	60	..	400	73
21	Michigan	33	3,726	655	68,625	2,477	3	390	10	903	297
22	Minnesota	35	3,476	506	64,904	2,066	1	60	..	212	58
23	Mississippi	2	154	18	4,389	75	1	12	..	50	5
24	Missouri	39	5,709	692	88,029	3,486	4	338	..	2,054	262
25	Montana	22	1,643	277	29,410	967	..	...	..	...	..
26	Nebraska	27	2,487	317	41,422	1,373	..	...	..	...	..
27	Nevada	1	52	12	1,505	46	..	...	..	...	..
28	New Hampshire	5	319	64	7,985	249	..	...	..	...	..
29	New Jersey	18	3,149	483	57,415	2,229	2	150	..	431	62
30	New Mexico	14	980	79	10,956	469	..	...	..	...	..
31	New York	78	11,506	1,516	170,229	8,629	3	341	..	655	211
32	North Carolina	17	1,016	153	19,269	663	1	20	..	10	15
33	North Dakota	20	1,553	226	34,512	1,080	..	...	..	...	..
34	Ohio	48	7,136	1,004	121,000	4,443	4	448	..	2,303	308
35	Oklahoma	9	900	162	16,070	477	3	130	14	1,717	39
36	Oregon	15	1,647	229	36,636	1,017	1	50	..	298	51
37	Pennsylvania	42	6,807	835	92,724	4,120	5	380	..	1,361	337
38	Rhode Island	2	110	...	43	86	..	...	..	...	..
39	South Carolina	6	362	41	5,650	180	3	144	7	1,218	104
40	South Dakota	15	1,011	180	18,915	564	..	...	..	...	..
41	Tennessee	6	1,023	133	28,247	686	..	...	..	...	..
42	Texas	40	3,975	486	80,466	2,129	4	305	20	2,325	188
43	Utah	6	989	166	15,464	509	1	20	..	74	20
44	Vermont	3	217	29	4,200	130	..	...	..	...	..
45	Virginia	4	487	63	10,363	265	2	147	10	2,233	60
46	Washington	21	2,531	406	43,352	1,277	1	20	..	107	20
47	West Virginia	9	925	105	15,491	409	..	...	..	...	..
48	Wisconsin	59	6,275	951	100,641	3,546	1	25	..	39	20
49	Wyoming	2	45	10	922	17	..	...	..	...	..
50	Totals (1935)	970	113,268	16,033	1,950,308	69,532	69	5,360	141	33,926	3,620
51	(1934)	970	113,263	16,067	1,786,522	63,851	72	5,411	150	34,700	3,601
52	(1933)	984	115,840	16,190	1,753,565	63,621	72	5,359	132	36,817	3,487
53	(1932)	1,001	117,555	16,125	1,918,214	70,119	74	5,550	152	41,390	3,706
54	(1931)	1,011	116,935	15,861	2,013,352	73,911	76	5,528	161	44,790	3,820
55	(1930)	1,017	116,846	15,615	....	75,162	77	5,606	149	......	3,779
56	(1929)	1,024	113,555	15,037	....	75,770	70	5,283	158	......	3,627
57	(1928)	1,056	114,613	13,190	....	......	87	5,298	196	......	.....
58	(1927)	1,060	108,582	......	....	72,813	85	4,935	...	......	3,198

Marginal No.		Nonprofit Corporations and Associations					Total Nonprofit					Marginal No.
		Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	
1	Alabama	18	1,262	113	22,386	587	28	1,954	197	38,472	951	1
2	Arizona	7	290	13	1,788	143	17	1,055	97	15,161	630	2
3	Arkansas	9	576	43	5,834	166	21	1,677	132	23,078	707	3
4	California	61	5,017	589	77,692	3,213	106	10,290	1,441	175,060	6,235	4
5	Colorado	19	1,825	72	9,728	1,293	49	4,660	345	47,222	3,907	5
6	Connecticut	36	5,270	736	87,307	3,764	40	6,178	902	107,036	4,408	6
7	Delaware	5	502	80	11,298	363	6	577	92	12,944	411	7
8	Dist. Columbia	10	1,605	230	29,793	1,068	14	2,341	347	49,893	1,603	8
9	Florida	23	1,004	146	15,302	471	33	1,855	260	26,379	863	9
10	Georgia	18	1,120	109	19,167	488	24	1,644	167	30,611	819	10
11	Idaho	2	39	7	344	17	13	681	117	13,759	391	11
12	Illinois	83	8,647	1,397	145,176	4,491	174	20,610	3,188	346,733	11,163	12
13	Indiana	19	1,230	206	20,499	663	48	5,064	811	88,972	2,689	13
14	Iowa	25	1,033	175	16,307	496	68	5,103	766	84,045	2,723	14
15	Kansas	21	801	119	14,144	418	58	3,994	547	65,240	2,117	15
16	Kentucky	26	1,292	152	19,369	650	42	2,984	358	48,826	1,791	16
17	Louisiana	15	1,128	86	19,170	645	26	2,529	223	48,016	1,506	17
18	Maine	21	1,400	202	23,989	927	26	1,753	243	30,066	1,149	18
19	Maryland	28	3,547	334	48,820	2,651	37	5,490	505	74,417	4,218	19
20	Massachusetts	103	10,176	1,758	173,421	6,549	122	12,673	2,153	214,965	8,302	20
21	Michigan	55	6,133	788	97,673	3,421	91	10,249	1,453	167,201	6,195	21
22	Minnesota	38	2,168	365	40,445	1,219	74	5,704	871	105,561	3,343	22
23	Mississippi	18	843	89	11,691	253	21	1,009	107	16,130	333	23
24	Missouri	23	2,308	285	31,715	1,240	66	8,355	977	121,798	4,988	24
25	Montana	7	283	47	4,851	147	29	1,926	324	34,261	1,114	25
26	Nebraska	5	131	28	2,891	69	32	2,618	345	44,313	1,442	26
27	Nevada	3	120	10	1,293	49	4	172	22	2,798	95	27
28	New Hampshire	23	1,115	213	20,736	640	28	1,434	277	28,721	889	28
29	New Jersey	67	8,719	1,255	143,720	5,890	87	12,018	1,738	201,566	8,181	29
30	New Mexico	10	385	32	2,808	135	24	1,365	111	13,764	604	30
31	New York	212	28,436	3,561	496,643	19,807	293	40,373	5,077	667,527	28,638	31
32	North Carolina	67	3,702	453	77,541	2,184	85	4,738	606	96,820	2,862	32
33	North Dakota	9	341	100	6,759	165	29	1,894	326	41,311	1,225	33
34	Ohio	75	6,918	1,073	126,019	3,971	127	14,502	2,077	249,322	8,722	34
35	Oklahoma	7	227	31	3,757	92	19	1,257	207	21,544	608	35
36	Oregon	12	514	80	6,002	272	28	2,211	309	43,536	1,340	36
37	Pennsylvania	189	24,199	3,033	387,226	16,691	236	31,386	3,868	481,311	21,148	37
38	Rhode Island	12	1,738	283	25,901	1,203	14	1,848	283	25,944	1,289	38
39	South Carolina	23	1,417	146	29,229	862	32	1,923	194	36,108	1,146	39
40	South Dakota	10	374	77	6,039	163	25	1,385	257	24,954	727	40
41	Tennessee	25	1,656	133	21,037	882	31	2,679	266	49,284	1,568	41
42	Texas	26	1,464	130	29,369	697	70	5,744	636	112,160	3,014	42
43	Utah	4	160	40	3,833	80	11	1,169	206	19,371	609	43
44	Vermont	16	1,387	112	12,777	1,088	19	1,604	132	16,977	1,218	44
45	Virginia	41	2,623	269	51,309	1,476	47	3,257	342	63,905	1,801	45
46	Washington	22	1,714	312	32,002	1,007	44	4,265	718	75,461	2,304	46
47	West Virginia	15	851	78	16,370	491	24	1,776	183	31,861	900	47
48	Wisconsin	33	2,125	371	39,547	1,157	93	8,425	1,322	140,227	4,723	48
49	Wyoming	5	125	17	1,964	54	7	170	27	2,886	71	49
50	Totals (1935)	1,601	149,940	18,978	2,493,281	94,468	2,640	268,568	36,152	4,477,515	167,680	50
51	(1934)	1,604	149,038	20,034	2,342 513	89,615	2,646	267,712	36,251	4,163,735	157,067	51

The list beginning on page 798 was subject to additions and removals of hospitals until going to press; totals of the list, therefore, may vary slightly from tables 1 and 2, which were prepared as of Dec. 31, 1935.

HOSPITALS ACCORDING TO TYPE OF SERVICE

GENERAL HOSPITALS

The trend as to the number of general hospitals has been downward for the past eight years. The census of 1935 gives a total of 4,257 general hospitals, as compared with 4,361 in 1928. Comparison of capacity of general hospitals for the two years mentioned tells quite a different story. In 1928 there were 363,337 beds in general hospitals as compared with 406,174, an

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increase of 42,837 beds. In the same period, bassinets in general hospitals increased from 38,339 to 48,757. The total number of patients admitted in general hospitals in 1931, the first year for which this figure is available, was 6,321,861; in 1935 the general hospitals admitted 6,867,870. In 1927 the average census of patients in general hospitals was 228,084; in 1935 it was 261,294.

The rate of increase in capacity and increase in patient population in the general hospitals has been showed that 418 of the general hospitals have tuberculosis departments, aggregating 14,468 beds. These departments admitted 37,124 patients in the year 1934. An unknown number of general hospitals also take care of contagious diseases and mental cases.

The training of interns in their fifth year in medicine is limited almost entirely to general hospitals, 708 of which provide a total of 6,500 approved internships. Of the 405 hospitals approved for residencies in specialties, 193 of these are general hospitals providing

Table 1.—HOSPITAL FACILITIES BY STATES AND BY CONTROL
C. PROPRIETARY | **TOTAL NONGOVERNMENTAL**

Marginal No.		Individual and Partnership: Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Corporations (Unrestricted as to Profit): Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Total Proprietary: Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Totals of Tables 1B and 1C: Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Marginal No.
1	Alabama	28	885	102	12,481	356	11	567	77	11,373	234	39	1,452	179	23,854	590	65	3,406	376	62,326	1,541	1
2	Arizona	10	238	13	728	97	5	125	18	1,438	40	15	363	31	2,166	137	32	1,418	128	17,327	767	2
3	Arkansas	23	443	51	7,327	164	5	144	14	1,175	32	28	587	65	8,502	196	49	2,264	197	31,580	903	3
4	California	106	2,664	362	33,597	1,350	55	3,783	590	65,694	1,895	161	6,447	952	99,291	3,245	267	16,737	2,393	274,351	9,480	4
5	Colorado	30	598	87	7,533	309	7	690	23	4,270	292	37	1,288	110	11,803	601	86	5,948	455	59,025	4,508	5
6	Connecticut	8	149	4	1,077	92	13	726	10	2,536	474	21	875	14	3,613	566	61	7,053	916	110,649	4,974	6
7	Delaware	..	...	..	.....	...	3	115	19	2,020	59	3	115	19	2,020	59	9	692	111	14,964	470	7
8	Dist. Columbia	3	57	4	338	39	1	92	18	2,448	86	4	149	22	2,786	125	18	2,400	369	52,679	1,728	8
9	Florida	26	534	85	7,103	178	4	170	37	3,517	71	30	704	122	10,620	249	63	2,559	382	36,909	1,112	9
10	Georgia	40	1,056	111	15,599	481	17	729	81	13,427	312	57	1,785	192	29,026	793	81	3,429	359	59,637	1,612	10
11	Idaho	19	373	69	4,886	118	4	112	20	2,105	59	23	485	89	6,991	177	36	1,166	206	20,750	568	11
12	Illinois	39	982	160	13,570	485	30	2,301	324	30,274	1,096	69	3,283	484	43,844	1,581	243	23,893	3,672	390,577	12,744	12
13	Indiana	17	258	53	4,385	104	7	405	27	4,196	146	24	663	80	8,581	250	72	5,727	891	97,553	2,969	13
14	Iowa	43	651	138	9,596	282	8	344	44	6,270	182	51	995	182	15,866	464	119	6,098	948	99,911	3,187	14
15	Kansas	24	355	61	5,019	144	6	152	24	2,434	71	30	507	85	7,453	215	88	4,501	632	72,693	2,332	15
16	Kentucky	16	413	34	5,930	174	16	568	45	9,479	250	32	981	79	15,409	424	74	3,965	437	64,235	2,215	16
17	Louisiana	13	323	37	6,546	112	12	537	60	12,728	264	25	860	97	19,274	376	51	3,389	320	67,230	1,882	17
18	Maine	20	495	88	6,207	245	10	340	78	5,788	179	30	835	166	11,995	424	56	2,588	409	42,061	1,573	18
19	Maryland	9	264	6	541	178	4	292	35	3,297	162	13	556	41	3,838	340	50	6,046	546	78,255	4,558	19
20	Massachusetts	28	662	130	7,349	321	37	1,839	366	28,654	1,141	65	2,501	496	36,003	1,462	187	15,174	2,649	250,968	9,764	20
21	Michigan	39	810	122	16,470	448	11	472	41	4,072	336	50	1,282	163	20,542	784	141	11,531	1,616	187,743	6,979	21
22	Minnesota	72	1,072	282	18,752	481	16	1,339	128	26,877	648	88	2,411	410	45,629	1,129	162	8,115	1,281	151,190	4,472	22
23	Mississippi	27	839	112	15,563	297	9	361	35	6,283	119	36	1,200	147	21,846	416	57	2,209	254	37,976	749	23
24	Missouri	35	1,992	182	10,665	1,505	14	576	73	7,718	299	49	2,568	255	18,383	1,804	115	10,923	1,232	140,181	6,792	24
25	Montana	9	158	51	3,546	84	3	172	22	2,462	57	12	330	73	6,008	141	41	2,256	397	40,269	1,255	25
26	Nebraska	49	851	175	12,334	285	2	124	9	936	75	51	975	184	13,270	360	83	3,598	529	57,583	1,802	26
27	Nevada	..	...	..	.....	...	1	40	6	1,018	23	1	40	6	1,018	23	5	212	28	3,816	118	27
28	New Hampshire	2	116	..	88	86	4	190	48	3,919	128	6	306	48	4,007	214	34	1,740	325	32,728	1,108	28
29	New Jersey	13	244	22	959	144	16	697	80	5,140	360	29	941	102	6,099	504	116	12,959	1,840	207,665	8,685	29
30	New Mexico	3	31	6	294	9	3	100	8	468	31	6	131	14	762	40	30	1,496	125	14,526	644	30
31	New York	75	2,454	468	25,868	1,341	55	4,885	863	73,786	2,975	130	7,339	1,331	99,654	4,316	423	47,712	6,408	767,181	32,954	31
32	North Carolina	20	670	32	7,896	268	17	926	67	12,152	436	37	1,596	99	20,088	704	122	6,334	705	116,908	3,566	32
33	North Dakota	7	92	29	2,051	42	2	42	10	938	18	9	134	39	2,989	60	38	2,028	365	44,300	1,285	33
34	Ohio	24	491	58	7,341	221	30	1,644	71	7,745	1,106	54	2,135	129	15,086	1,327	181	16,637	2,206	264,408	10,049	34
35	Oklahoma	47	1,267	172	21,144	489	17	742	90	15,924	402	64	2,009	262	37,068	891	83	3,286	469	58,612	1,469	35
36	Oregon	17	340	62	6,288	127	10	801	54	7,285	525	27	1,141	116	13,573	653	55	3,352	425	57,109	1,993	36
37	Pennsylvania	39	1,054	171	8,941	615	16	803	96	9,267	454	55	1,857	267	18,208	1,069	291	33,243	4,135	469,519	22,217	37
38	Rhode Island	3	59	..	33	22	2	148	25	2,247	64	5	207	25	2,280	86	19	2,055	308	28,224	1,375	38
39	South Carolina	9	182	19	2,914	70	2	65	6	573	34	11	247	25	3,487	104	43	2,170	219	39,593	1,250	39
40	South Dakota	16	262	61	4,746	115	4	156	25	2,769	87	20	418	86	7,515	202	45	1,803	343	32,469	929	40
41	Tennessee	31	660	51	10,168	291	11	423	53	6,376	167	42	1,083	104	16,544	458	73	3,762	370	65,828	2,026	41
42	Texas	106	2,359	310	44,357	956	49	1,942	200	41,754	919	155	4,301	510	86,111	1,875	225	10,045	1,146	198,271	4,889	42
43	Utah	12	168	39	1,984	50	3	50	10	902	24	15	218	49	2,886	74	28	1,387	255	22,257	683	43
44	Vermont	2	22	..	210	12	4	250	36	5,200	155	6	272	36	5,410	167	25	1,876	168	22,387	1,385	44
45	Virginia	16	548	40	5,715	278	19	1,014	119	20,419	570	35	1,562	159	26,134	848	82	4,819	501	90,039	2,649	45
46	Washington	28	537	105	5,554	213	11	466	63	6,261	229	39	1,003	168	11,815	442	83	5,268	886	87,276	2,746	46
47	West Virginia	14	624	60	20,686	262	22	1,689	144	39,295	984	36	2,313	204	59,981	1,246	60	4,089	387	91,842	2,146	47
48	Wisconsin	30	493	129	7,455	228	17	763	59	7,293	414	47	1,256	188	14,748	642	140	9,681	1,510	154,975	5,365	48
49	Wyoming	8	118	31	2,163	44	2	35	6	348	12	10	153	37	2,511	56	17	323	64	5,397	127	49
50	Totals (1935)	1,255	29,913	4,384	413,997	14,212	627	34,946	4,357	532,590	18,697	1,882	64,859	8,741	946,587	32,909	4,522	333,427	44,893	5,424,102	200,589	50
51	(1934)	1,310	29,429	4,391	366,313	12,046	629	33,072	4,038	458,303	15,985	1,939	62,501	8,429	824,616	28,031	4,585	330,213	44,680	4,988,351	185,098	51
52	(1933)	1,435	33,385	4,902	381,861	13,746											4,661	332,573	44,649	4,882,444	184,197	52
53	(1932)	1,522	35,759	5,094	428,256	16,309											4,758	334,987	44,572	5,178,508	198,277	53
54	(1931)	1,569	36,764	5,352	459,184	17,912											4,797	332,591	44,232	5,322,808	206,095	54
55	(1930)	1,620	38,557	5,233	....	19,948											4,907	336,143	43,281	....	212,645	55
56	(1929)	1,611	37,977	5,212	....	20,604											4,870	324,596	41,877	....	209,881	56
57	(1928)	1,699	39,710	4,843	....	......											5,039	325,500	37,641	....	....	57
58	(1927)	1,682	39,118	.....	....	21,779											4,948	308,149	......	....	201,675	58

The list beginning on page 798 was subject to additions and removals of hospitals until going to press; totals of the list, therefore, may vary slightly from tables 1 and 2, which were prepared as of Dec. 31, 1935.

exceeded by the mental hospitals. Tuberculosis hospitals and orthopedic hospitals as groups also show a healthy growth. Other special hospitals, including maternity, industrial, eye, ear, nose and throat, children's and isolation, show a marked decrease both in capacity and in patient population.

Importance of general hospitals is indicated in other ways than by capacity and patient population. The births in general hospitals have increased from 561,754 in 1929 to 732,465 in 1935. The report on tuberculosis hospitals published in The Journal, Dec. 7, 1935, for 1,975 residencies, as compared with 625 approved residencies in special hospitals.

The patients admitted during 1935 by all special hospitals, excepting mental and tuberculosis including maternity, industrial, eye, ear, nose and throat, isolation and convalescent and rest, equals 280,528. This is 4.09 per cent as many patients as were admitted to general hospitals.

The increase in the number of general hospitals is accounted for in part by the opening of new hospitals and in part by the transfer to the classification of gen-

Table 2—HOSPITAL FACILITIES BY STATES AND BY TYPE OF SERVICE

Marginal No.		General: Hospitals	General: Beds	General: Bassinets	General: Patients Admitted	General: Average Census	Nervous and Mental: Hospitals	Nervous and Mental: Beds	Nervous and Mental: Bassinets	Nervous and Mental: Patients Admitted	Nervous and Mental: Average Census
1	Alabama	65	5,628	433	87,824	3,374	4	5,745	3	2,267	5,494
2	Arizona	40	1,864	218	32,380	1,243	1	925	..	433	873
3	Arkansas	51	3,082	220	38,420	1,526	3	4,656	..	2,648	4,584
4	California	239	30,522	2,840	436,839	20,284	35	25,444	..	14,119	26,982
5	Colorado	69	5,435	500	81,944	4,293	8	4,939	..	2,642	4,445
6	Connecticut	39	6,333	932	115,467	4,455	14	8,800	..	3,831	8,206
7	Delaware	9	698	111	15,150	457	2	1,462	..	437	1,339
8	District of Columbia	17	6,015	435	73,484	4,199	3	5,957	..	944	5,818
9	Florida	72	4,333	521	72,865	2,439	5	4,720	..	1,525	4,507
10	Georgia	83	5,425	512	105,312	2,902	7	7,826	..	2,783	7,928
11	Idaho	42	1,625	233	27,076	800	3	1,519	..	225	1,390
12	Illinois	222	29,211	3,634	484,803	16,811	30	36,849	9	17,813	35,121
13	Indiana	92	7,607	1,134	129,819	4,302	15	13,017	..	2,738	12,826
14	Iowa	121	6,898	1,017	125,059	3,892	14	11,126	..	3,915	11,044
15	Kansas	95	6,065	715	93,465	3,464	10	6,947	..	1,404	6,500
16	Kentucky	72	5,089	531	83,192	2,743	10	7,242	..	2,639	7,063
17	Louisiana	45	6,276	469	150,963	5,373	6	6,509	..	2,409	6,213
18	Maine	53	2,934	421	45,495	1,889	5	3,310	..	691	3,181
19	Maryland	41	6,249	654	97,306	4,859	18	9,544	6	3,135	9,132
20	Massachusetts	152	19,796	2,690	301,562	14,034	26	28,624	6	9,061	27,876
21	Michigan	159	16,112	1,916	272,420	10,876	17	21,362	..	4,389	20,098
22	Minnesota	160	10,242	1,442	183,888	6,464	16	13,506	6	3,455	13,216
23	Mississippi	67	2,961	304	53,007	1,205	5	5,641	2	1,721	5,383
24	Missouri	96	10,179	1,225	176,709	6,592	18	14,394	2	3,635	13,160
25	Montana	51	3,044	429	44,485	1,767	1	1,850	..	539	1,832
26	Nebraska	88	4,469	585	70,820	2,511	5	5,293	..	789	5,160
27	Nevada	14	553	64	6,784	367	1	400	..	146	386
28	New Hampshire	34	1,985	342	34,757	1,196	3	2,576	..	626	2,501
29	New Jersey	88	12,680	1,939	234,218	8,884	26	21,689	2	5,741	20,442
30	New Mexico	36	2,091	171	23,490	1,124	2	740	..	208	784
31	New York	337	53,370	6,685	951,014	39,280	64	88,057	59	20,008	80,652
32	North Carolina	103	5,679	734	120,124	3,311	8	6,583	12	3,142	6,082
33	North Dakota	43	2,276	346	48,668	1,472	2	2,593	1	695	2,509
34	Ohio	151	18,757	2,360	307,708	11,890	32	27,086	1	7,495	26,471
35	Oklahoma	97	5,030	554	83,423	2,818	7	7,809	..	3,150	7,559
36	Oregon	50	3,627	441	63,476	2,199	6	5,143	..	1,240	4,852
37	Pennsylvania	227	31,273	4,108	542,650	20,398	45	39,429	8	11,383	38,098
38	Rhode Island	14	2,988	257	30,073	2,110	3	3,009	..	756	3,070
39	South Carolina	44	3,171	293	57,653	1,909	3	3,456	..	1,319	4,014
40	South Dakota	55	2,773	379	40,781	1,577	2	2,276	..	427	2,232
41	Tennessee	65	5,341	488	97,493	3,380	9	6,493	..	3,044	6,210
42	Texas	229	12,587	1,382	246,378	6,764	14	14,205	..	3,693	13,780
43	Utah	29	1,788	287	28,253	979	3	1,441	..	427	1,273
44	Vermont	23	1,195	168	23,309	725	4	2,070	..	786	1,934
45	Virginia	78	6,640	552	106,714	3,883	9	10,246	..	4,058	9,421
46	Washington	81	7,167	927	113,434	4,293	8	7,335	..	1,820	7,560
47	West Virginia	61	4,490	432	101,397	2,450	5	4,055	6	1,325	3,568
48	Wisconsin	134	11,610	1,080	189,795	6,843	52	15,127	9	4,884	14,298
49	Wyoming	24	1,031	117	16,464	528	3	1,457	..	489	1,313
50	Totals (1935)	4,257	406,174	48,757	6,867,870	261,294	592	580,522	132	173,109	568,448
51	(1934)	4,198	393,425	47,856	6,291,556	237,395	614	513,845	84	172,415	498,481
52	(1933)	4,237	390,713	47,006	6,071,512	231,692	621	498,955	..	170,833	474,787
53	(1932)	4,305	395,543	46,588	6,303,573	250,495	624	479,548	..	169,851	455,473
54	(1931)	4,309	384,333	45,434	6,321,861	247,580	587	451,245	..	....	427,135
55	(1930)	4,302	371,609	43,941	....	240,384	561	437,919	..	....	415,042
56	(1929)	4,298	357,034	42,715	....	234,000	572	414,386	..	....	395,407
57	(1928)	4,361	363,337	38,339	....	....	553	394,288	..	....	....
58	(1927)	4,322	345,364	......	....	228,084	563	373,364	..	....	349,667

Marginal No.		Tuberculosis: Hospitals	Tuberculosis: Beds	Tuberculosis: Bassinets	Tuberculosis: Patients Admitted	Tuberculosis: Average Census	Maternity: Hospitals	Maternity: Beds	Maternity: Bassinets	Maternity: Patients Admitted	Maternity: Average Census
1	Alabama	6	323	..	391	219	1	50	30	108	38
2	Arizona	19	1,798	..	3,126	1,191	..	..	..	...	..
3	Arkansas	2	582	..	901	560	1	28	16	36	17
4	California	42	4,713	..	5,056	4,050	8	334	205	1,160	256
5	Colorado	19	2,182	..	1,675	1,396	1	8	19	80	4
6	Connecticut	7	1,662	..	1,254	1,511	1	11	12	80	1
7	Delaware	3	182	..	135	164	..	..	..	...	..
8	District of Columbia	3	512	..	506	389	2	137	91	3,473	90
9	Florida	2	98	..	113	90	1	18	16	36	2
10	Georgia	7	733	..	1,450	624	2	33	23	64	8
11	Idaho	1	132	..	201	112	1	33	15	110	3
12	Illinois	27	3,827	7	4,515	3,131	7	389	349	7,421	221
13	Indiana	9	1,392	..	2,313	1,256	1	20	20	64	18
14	Iowa	6	807	..	687	682	4	133	58	263	51
15	Kansas	3	387	..	421	353	2	97	31	131	18
16	Kentucky	4	1,065	..	1,742	954	1	36	28	80	43
17	Louisiana	4	345	..	337	305	..	..	..	...	..
18	Maine	4	484	..	523	441	1	12	12	384	8
19	Maryland	8	1,405	..	1,894	1,338	..	..	..	...	..
20	Massachusetts	29	4,754	..	5,466	3,869	9	397	421	5,972	283
21	Michigan	26	3,507	6	3,567	3,035	4	350	153	5,989	211
22	Minnesota	17	2,104	..	1,524	1,879	4	218	81	1,239	128
23	Mississippi	2	525	..	380	335	..	..	..	...	..
24	Missouri	7	1,626	..	1,612	1,397	6	386	263	2,851	180
25	Montana	1	150	..	169	138	1	18	16	42	10
26	Nebraska	1	160	..	186	156	1	80	15	109	25
27	Nevada	..	...	..	...	...	..	..	..	...	..
28	New Hampshire	2	209	..	141	170	1	22	16	241	8
29	New Jersey	19	3,500	30	5,075	3,152	3	350	307	6,254	209
30	New Mexico	7	804	1	716	509	..	..	..	...	..
31	New York	56	9,376	12	11,516	8,748	18	1,336	789	19,286	897
32	North Carolina	19	2,332	..	4,281	1,793	2	70	31	151	46
33	North Dakota	1	208	..	206	261	2	70	46	214	42
34	Ohio	21	3,284	..	3,815	3,011	10	419	199	2,637	154
35	Oklahoma	6	905	..	1,088	813	1	22	30	194	9
36	Oregon	4	504	..	400	466	2	53	17	150	39
37	Pennsylvania	18	4,234	2	5,664	4,022	10	482	198	3,961	324
38	Rhode Island	2	500	..	361	438	1	155	155	3,038	98
39	South Carolina	6	539	..	696	457	..	..	..	...	..
40	South Dakota	1	192	..	148	173	..	..	..	...	..
41	Tennessee	7	1,155	..	1,106	981	1	30	12	13	4
42	Texas	19	2,016	..	4,003	1,686	3	59	28	168	14
43	Utah	..	...	..	...	...	1	19	19	218	6
44	Vermont	3	166	..	229	154	..	..	..	...	..
45	Virginia	7	1,146	..	1,300	998	1	30	4	42	3
46	Washington	11	1,034	..	1,387	883	4	129	63	250	61
47	West Virginia	6	682	..	601	631	1	48	2	24	1
48	Wisconsin	21	1,969	..	2,251	1,809	1	59	35	131	43
49	Wyoming	1	33	..	46	29	..	..	..	...	..
50	Totals (1935)	406	70,373	58	86,113	60,738	121	6,141	3,825	66,603	3,582
51	(1934)	495	70,603	..	82,455	59,689	130	7,625	4,131	76,980	4,647
52	(1933)	497	70,682	..	84,327	60,301	134	7,976	4,660	82,250	4,857
53	(1932)	512	69,676	..	93,112	59,522	136	7,558	4,696	93,459	4,810
54	(1931)	509	65,923	..	80,582	56,098	145	8,078	5,032	91,496	4,737
55	(1930)	515	65,940	..	....	56,372	151	6,527	4,486	......	4,126
56	(1929)	502	61,310	..	....	50,707	146	5,434	4,023	......	3,412
57	(1928)	508	62,113	..	....	....	164	5,912	3,621	......	......
58	(1927)	508	63,170	..	....	50,784	178	5,747	.....	......	3,695

Marginal No.		Industrial: Hospitals	Industrial: Beds	Industrial: Bassinets	Industrial: Patients Admitted	Industrial: Average Census	Eye, Ear, Nose and Throat: Hospitals	Eye, Ear, Nose and Throat: Beds	Eye, Ear, Nose and Throat: Bassinets	Eye, Ear, Nose and Throat: Patients Admitted	Eye, Ear, Nose and Throat: Average Census	Marginal No.
1	Alabama	2	55	..	649	20	..	..	..	.....	..	1
2	Arizona	1	8	..	52	1	..	..	..	.....	..	2
3	Arkansas	2	275	..	2,225	66	1	10	..	400	..	3
4	California	3	576	..	7,105	396	2	51	..	4,140	23	4
5	Colorado	1	36	..	378	19	..	..	..	.....	..	5
6	Connecticut	..	..	..	...	..	..	..	..	.....	..	6
7	Delaware	..	..	..	...	..	..	..	..	.....	..	7
8	District of Columbia	..	..	..	...	..	1	100	..	6,526	72	8
9	Florida	..	..	..	...	..	..	..	..	.....	..	9
10	Georgia	2	137	..	2,980	57	..	..	..	.....	..	10
11	Idaho	..	..	..	...	..	..	..	..	.....	..	11
12	Illinois	3	125	1	1,340	68	2	275	..	5,210	190	12
13	Indiana	2	150	..	651	48	1	7	..	360	1	13
14	Iowa	1	60	..	255	18	..	..	..	.....	..	14
15	Kansas	3	250	..	3,271	152	..	..	..	.....	..	15
16	Kentucky	3	124	2	2,109	46	..	..	..	.....	..	16
17	Louisiana	2	78	2	920	29	1	74	..	3,273	15	17
18	Maine	..	..	..	...	..	..	..	..	.....	..	18
19	Maryland	..	..	..	...	..	2	100	..	3,584	15	19
20	Massachusetts	..	..	..	...	..	1	231	..	7,149	145	20
21	Michigan	4	88	3	1,895	46	..	..	..	.....	..	21
22	Minnesota	..	..	..	...	..	1	196	..	6,789	90	22
23	Mississippi	..	..	..	...	..	..	..	..	.....	..	23
24	Missouri	3	450	..	5,244	157	1	14	..	1,900	6	24
25	Montana	1	75	..	1,422	33	..	..	..	.....	..	25
26	Nebraska	..	..	..	...	..	..	..	..	.....	..	26
27	Nevada	2	74	..	792	28	..	..	..	.....	..	27
28	New Hampshire	..	..	..	...	..	..	..	..	.....	..	28
29	New Jersey	..	..	..	...	..	1	69	..	2,773	38	29
30	New Mexico	3	139	..	667	51	..	..	..	.....	..	30
31	New York	2	38	..	422	13	7	635	2	36,854	342	31
32	North Carolina	1	50	..	765	28	3	55	..	2,858	20	32
33	North Dakota	..	..	..	...	..	1	10	1	600	8	33
34	Ohio	1	25	..	134	4	3	26	2	518	4	34
35	Oklahoma	..	..	..	...	..	..	..	..	.....	..	35
36	Oregon	1	30	..	185	4	1	37	..	1,784	5	36
37	Pennsylvania	..	..	..	...	..	2	107	6	4,235	49	37
38	Rhode Island	..	..	..	...	..	..	..	..	.....	..	38
39	South Carolina	..	..	..	...	..	1	15	..	230	3	39
40	South Dakota	..	..	..	...	..	..	..	..	.....	..	40
41	Tennessee	1	10	..	12	1	5	113	..	3,811	38	41
42	Texas	5	535	2	7,284	241	3	48	..	1,982	12	42
43	Utah	..	..	..	...	..	..	..	..	.....	..	43
44	Vermont	..	..	..	...	..	..	..	..	.....	..	44
45	Virginia	2	33	..	159	10	2	35	..	828	8	45
46	Washington	1	20	1	516	10	..	..	..	.....	..	46
47	West Virginia	..	..	..	...	..	1	10	..	311	3	47
48	Wisconsin	..	..	..	...	..	1	45	..	1,006	12	48
49	Wyoming	..	..	..	...	..	..	..	..	.....	..	49
50	Totals (1935)	52	3,421	11	41,432	1,576	44	2,263	11	97,181	1,089	50
51	(1934)	113	5,575	343	69,609	2,423	55	2,793	19	103,720	1,265	51
52	(1933)	118	5,923	364	69,748	2,620	56	2,622	20	108,565	1,195	52
53	(1932)	122	6,078	390	79,715	2,883	58	2,718	29	116,527	1,357	53
54	(1931)	142	6,476	438	93,415	3,118	64	2,774	27	113,762	1,444	54
55	(1930)	155	6,875	474	......	3,646	73	2,702	14	....	1,433	55
56	(1929)	152	7,004	479	......	3,824	68	2,646	12	....	1,283	56
57	(1928)	169	7,290	449	......	......	77	2,879	21	....	......	57
58	(1927)	168	7,039	...	......	3,712	77	2,832	..	....	1,502	58

The list beginning on page 796 was subject to additions and removals of hospitals until going to press; totals of the list, therefore, may vary slightly from tables 1 and 2, which were prepared as of Dec. 31, 1935.

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Table 2—HOSPITAL FACILITIES BY STATES AND BY TYPE OF SERVICE—Continued

Marginal No.		Children's Hospitals	Children's Beds	Children's Bassinets	Children's Patients Admitted	Children's Average Census	Orthopedic Hospitals	Orthopedic Beds	Orthopedic Bassinets	Orthopedic Patients Admitted	Orthopedic Average Census
1	Alabama	1	50	..	855	28	..	...	..	...	..
2	Arizona	..	...	..	...	..	..	...	..	...	..
3	Arkansas	1	50	..	641	33	..	...	..	...	..
4	California	4	297	10	6,064	171	2	145	..	2,063	134
5	Colorado	1	147	18	3,047	114	..	...	..	...	..
6	Connecticut	..	...	..	...	..	1	230	..	112	194
7	Delaware	..	...	..	...	..	..	...	..	...	..
8	District of Columbia	1	200	..	4,763	141	..	...	..	...	..
9	Florida	1	24	..	31	18	3	111	..	407	71
10	Georgia	1	50	2	862	26	2	160	..	534	46
11	Idaho	..	...	..	...	..	..	...	..	...	..
12	Illinois	2	339	..	5,931	189	2	180	..	323	156
13	Indiana	..	...	..	...	..	..	...	..	...	..
14	Iowa	..	...	..	...	..	..	...	..	...	..
15	Kansas	..	...	..	...	..	..	...	..	...	..
16	Kentucky	1	74	..	1,361	56	2	97	..	238	58
17	Louisiana	..	...	..	...	..	1	60	..	137	59
18	Maine	1	100	..	465	62	..	...	..	...	..
19	Maryland	..	...	..	...	..	2	200	..	475	160
20	Massachusetts	6	595	..	8,112	228	5	660	..	824	556
21	Michigan	1	239	..	7,021	201	1	50	..	190	33
22	Minnesota	1	65	..	1,210	24	2	310	..	721	284
23	Mississippi	..	...	..	...	..	..	...	..	...	..
24	Missouri	2	366	12	5,684	286	1	100	..	430	99
25	Montana	..	...	..	...	..	..	...	..	...	..
26	Nebraska	..	...	..	...	..	1	110	..	317	98
27	Nevada	1	39	..	369	11	..	...	..	...	..
28	New Hampshire	1	30	..	247	18	..	...	..	...	..
29	New Jersey	1	60	..	1,077	32	5	686	..	3,321	354
30	New Mexico	..	...	..	...	..	1	30	10	195	10
31	New York	5	704	39	8,414	529	13	1,957	..	11,301	1,593
32	North Carolina	4	158	8	1,095	79	1	150	..	390	151
33	North Dakota	..	...	..	...	..	..	...	..	...	..
34	Ohio	3	367	12	9,342	269	1	24	..	18	22
35	Oklahoma	..	...	..	...	..	2	50	2	539	24
36	Oregon	1	75	..	2,385	48	1	50	..	298	51
37	Pennsylvania	5	459	..	8,178	300	7	495	..	553	425
38	Rhode Island	..	...	..	...	..	..	...	..	...	..
39	South Carolina	..	...	..	...	..	1	60	..	338	61
40	South Dakota	..	...	..	...	..	..	...	..	...	..
41	Tennessee	1	73	11	1,311	49	4	192	..	1,322	120
42	Texas	2	97	6	1,264	67	2	75	..	902	49
43	Utah	1	35	..	78	22	1	20	..	74	20
44	Vermont	..	...	..	...	..	..	...	..	...	..
45	Virginia	1	26	..	341	10	..	...	..	...	..
46	Washington	..	...	..	...	..	2	152	..	1,486	139
47	West Virginia	..	...	..	...	..	2	70	..	763	43
48	Wisconsin	1	155	..	2,867	104	..	...	..	...	..
49	Wyoming	..	...	..	...	..	..	...	..	...	..
50	Totals (1935)	51	4,874	118	83,015	3,115	68	6,394	12	28,280	5,010
51	(1934)	58	5,386	146	87,571	3,629	69	6,389	12	28,076	5,003
52	(1933)	58	5,486	136	90,307	3,618	69	6,461	10	26,530	4,964
53	(1932)	58	5,353	172	83,166	3,629	69	6,582	..	31,802	5,229
54	(1931)	60	5,403	273	83,416	3,823	68	6,569	..	37,842	5,131
55	(1930)	62	5,507	258	......	3,756	64	6,346	..	......	5,301
56	(1929)	61	5,443	248	......	3,586	61	5,943	..	......	4,768
57	(1928)	65	5,669	377	......	......	64	5,713	..	......	......
58	(1927)	58	5,050	...	......	3,487	62	5,595	..	......	4,456

Marginal No.		Isolation Hospitals	Isolation Beds	Isolation Bassinets	Isolation Patients Admitted	Isolation Average Census	Convalescent and Rest Hospitals	Convalescent and Rest Beds	Convalescent and Rest Bassinets	Convalescent and Rest Patients Admitted	Convalescent and Rest Average Census
1	Alabama	..	...	..	...	...	1	10	..	130	7
2	Arizona	..	...	..	...	...	1	6	..	8	4
3	Arkansas	..	...	..	...	...	..	...	..	...	..
4	California	2	106	1	145	7	14	412	..	1,795	290
5	Colorado	1	85	..	1,160	48	..	...	..	...	..
6	Connecticut	2	211	..	798	78	7	114	..	264	80
7	Delaware	..	...	..	...	...	..	...	..	...	..
8	District of Columbia	..	...	..	...	...	1	22	..	76	12
9	Florida	..	...	..	...	...	1	25	..	95	15
10	Georgia	1	68	..	456	26	..	...	..	...	..
11	Idaho	..	...	..	...	...	..	...	..	...	..
12	Illinois	4	538	..	5,019	308	6	244	..	1,379	154
13	Indiana	1	10	..	29	2	2	111	..	31	67
14	Iowa	1	46	3	269	12	2	65	..	52	55
15	Kansas	..	...	..	...	...	..	...	..	...	..
16	Kentucky	..	...	..	...	...	1	25	2	6	1
17	Louisiana	..	...	..	...	...	1	30	..	270	18
18	Maine	1	29	..	25	2	2	64	..	56	28
19	Maryland	1	110	..	1,423	64	4	130	..	435	98
20	Massachusetts	4	200	..	806	63	14	494	..	2,218	364
21	Michigan	6	430	..	2,078	213	4	326	2	751	251
22	Minnesota	3	68	..	124	9	5	244	..	2,399	66
23	Mississippi	..	...	..	...	...	..	...	..	...	..
24	Missouri	2	272	4	2,218	168	2	115	..	567	68
25	Montana	1	35	..	65	4	..	...	..	...	..
26	Nebraska	1	22	..	14	...	..	...	..	...	..
27	Nevada	..	...	..	...	...	..	...	..	...	..
28	New Hampshire	1	67	..	53	4	..	...	..	...	..
29	New Jersey	5	906	19	3,469	206	5	339	..	1,108	255
30	New Mexico	..	...	..	...	...	..	...	..	...	..
31	New York	9	1,567	6	17,466	1,263	29	1,965	3	9,682	1,500
32	North Carolina	..	...	..	...	...	1	30	..	58	10
33	North Dakota	2	26	..	157	7	..	...	..	...	..
34	Ohio	2	109	8	335	13	4	306	..	1,106	172
35	Oklahoma	..	...	..	...	...	..	...	..	...	..
36	Oregon	1	70	6	278	24	2	46	..	296	19
37	Pennsylvania	6	1,546	14	4,700	346	12	475	25	3,685	396
38	Rhode Island	1	266	..	1,901	186	4	152	..	337	116
39	South Carolina	..	...	..	...	...	..	...	..	...	..
40	South Dakota	..	...	..	...	...	..	...	..	...	..
41	Tennessee	1	50	..	54	9	..	...	..	...	..
42	Texas	1	35	..	19	1	1	14	..	31	7
43	Utah	..	...	..	...	...	..	...	..	...	..
44	Vermont	..	...	..	...	...	..	...	..	...	..
45	Virginia	1	30	..	199	6	2	94	2	495	47
46	Washington	2	130	1	298	13	5	333	..	793	309
47	West Virginia	..	...	..	...	...	1	32	..	...	22
48	Wisconsin	3	352	8	3,485	219	1	16	..	75	6
49	Wyoming	..	...	..	...	...	..	...	..	...	..
50	Totals (1935)	66	7,384	70	47,004	3,301	135	6,233	34	28,218	4,437
51	(1934)	71	7,430	45	38,940	2,954	125	5,456	45	24,083	3,580
52	(1933)	71	6,780	16	40,604	2,801	130	5,489	50	27,383	3,802
53	(1932)	79	7,314	33	41,874	2,858	132	5,867	53	25,029	3,954
54	(1931)	86	7,603	50	40,210	2,837	133	6,123	43	28,628	4,429
55	(1930)	88	7,608	44	......	2,490	162	7,374	77	......	5,034
56	(1929)	86	7,422	29	......	2,677	149	6,474	75	......	4,586
57	(1928)	92	8,479	113	......	......	171	7,347	69	......	......
58	(1927)	98	8,895	...	......	3,264	159	8,143	..	......	5,589

Marginal No.		Hospital Departments of Institutions Hospitals	Hospital Departments of Institutions Beds	Hospital Departments of Institutions Bassinets	Hospital Departments of Institutions Patients Admitted	Hospital Departments of Institutions Average Census	All Other Hospitals Hospitals	All Other Hospitals Beds	All Other Hospitals Bassinets	All Other Hospitals Patients Admitted	All Other Hospitals Average Census	Totals Hospitals	Totals Beds	Totals Bassinets	Totals Patients Admitted	Totals Average Census
1	Alabama	6	189	..	3,861	67	..	...	..	...	...	86	12,030	466	96,105	9,247
2	Arizona	..	...	..	......	...	..	...	..	...	...	62	4,661	218	35,969	3,312
3	Arkansas	4	260	..	930	229	..	...	..	...	...	65	8,943	236	46,291	7,015
4	California	15	1,628	6	8,162	1,241	2	87	..	785	52	368	64,315	3,062	487,433	53,895
5	Colorado	5	178	..	1,799	131	..	...	..	...	...	105	13,010	537	92,734	10,450
6	Connecticut	10	527	70	3,879	412	1	26	..	831	16	82	17,884	1,014	126,516	15,013
7	Delaware	..	...	..	......	...	..	...	..	...	...	14	2,342	111	15,722	1,980
8	District of Columbia	3	165	..	2,020	114	1	160	..	106	160	32	13,208	526	91,698	11,004
9	Florida	4	153	2	2,245	60	..	...	..	...	...	89	9,482	539	77,317	7,202
10	Georgia	1	187	..	985	94	2	62	..	1,031	47	108	14,681	537	116,457	11,878
11	Idaho	2	42	..	983	20	..	...	..	...	...	49	3,351	248	28,595	2,415
12	Illinois	12	650	20	7,540	411	4	3,322	30	1,847	3,803	321	75,949	4,050	543,141	60,553
13	Indiana	9	570	..	6,286	276	1	20	..	120	10	133	22,904	1,154	142,411	18,806
14	Iowa	9	591	19	6,840	276	..	...	..	...	...	158	19,728	1,097	137,340	16,030
15	Kansas	11	512	..	5,062	225	..	...	..	...	...	124	14,238	746	103,754	10,712
16	Kentucky	3	164	..	1,821	157	3	1,134	..	634	409	100	15,030	563	93,822	11,620
17	Louisiana	1	35	..	176	11	2	550	..	87	458	63	13,907	471	158,632	12,381
18	Maine	..	...	..	......	...	1	12	2	500	10	68	6,945	435	48,130	5,621
19	Maryland	3	138	..	2,680	73	2	145	..	558	125	81	18,021	600	111,498	15,864
20	Massachusetts	11	434	..	4,735	203	9	684	..	5,886	586	266	56,869	3,087	351,791	48,207
21	Michigan	8	571	..	7,925	335	2	39	..	735	11	232	43,074	2,080	306,900	35,300
22	Minnesota	6	318	..	4,387	225	4	249	..	1,336	180	219	27,520	1,329	207,092	22,545
23	Mississippi	3	124	..	522	45	..	...	..	...	...	77	9,221	306	55,630	6,998
24	Missouri	8	492	..	2,438	335	4	134	..	2,171	99	150	28,528	1,506	205,450	22,547
25	Montana	1	28	3	280	3	..	...	..	...	...	57	5,200	448	47,002	3,787
26	Nebraska	5	200	11	611	119	1	15	3	150	5	103	10,349	614	72,906	8,074
27	Nevada	..	...	..	......	...	..	...	..	...	...	18	1,098	64	8,001	792
28	New Hampshire	2	78	..	939	26	1	43	..	12	42	45	5,010	358	37,016	3,965
29	New Jersey	12	580	4	5,776	397	2	135	..	254	86	167	41,054	2,301	309,057	34,055
30	New Mexico	1	50	..	131	20	..	...	..	...	...	50	3,854	182	25,407	2,498
31	New York	29	4,758	50	14,582	3,854	19	3,080	..	16,898	2,606	588	166,842	7,625	1,193,533	141,277
32	North Carolina	5	192	4	757	137	1	46	1	989	24	148	15,345	790	134,619	11,681
33	North Dakota	2	115	2	294	74	..	...	..	...	...	53	5,338	398	50,804	4,373
34	Ohio	20	1,634	5	17,706	909	5	537	..	971	508	253	52,524	2,587	351,785	43,427
35	Oklahoma	3	112	..	2,137	38	..	...	..	...	...	116	13,728	586	91,311	11,261
36	Oregon	3	61	..	1,060	25	1	100	8	96	67	73	9,710	472	71,708	7,819
37	Pennsylvania	17	1,588	24	5,110	1,240	11	881	..	5,785	625	300	80,909	4,385	595,904	66,223
38	Rhode Island	3	83	..	543	61	2	56	..	181	44	30	7,269	412	37,190	6,123
39	South Carolina	4	139	..	3,056	27	1	10	..	50	1	60	7,300	293	63,342	6,472
40	South Dakota	1	30	..	194	18	..	...	..	...	...	59	5,271	379	41,550	4,000
41	Tennessee	5	907	..	2,084	634	..	...	..	...	...	99	14,454	511	110,250	11,406
42	Texas	6	619	..	3,987	443	3	49	..	716	8	288	30,339	1,418	270,427	23,072
43	Utah	..	...	..	......	...	..	...	..	...	...	35	3,303	306	29,050	2,300
44	Vermont	2	32	..	169	7	..	...	..	...	...	32	3,403	168	24,553	2,829
45	Virginia	7	490	14	2,538	344	..	...	..	...	...	110	18,770	572	116,683	14,710
46	Washington	5	324	..	3,145	204	..	...	..	...	...	119	16,624	992	123,009	13,472
47	West Virginia	1	74	..	547	50	..	...	..	...	...	78	9,441	440	104,968	6,788
48	Wisconsin	7	681	..	2,512	289	4	202	4	4,866	168	225	30,286	1,716	211,872	23,879
49	Wyoming	..	...	..	......	...	..	...	..	...	...	28	2,521	117	16,909	1,870
50	Totals (1935)	275	20,793	234	143,434	13,859	89	11,778	48	47,503	10,240	6,246	1,076,350	53,310	7,709,942	876,680
51	(1934)	312	21,982	310	135,272	14,590	94	8,132	35	36,730	6,462	6,334	1,048,101	53,026	7,147,416	830,098
52	(1933)	343	21,582	152	151,074	12,991	103	8,368	18	114,849	6,643	6,437	1,027,046	52,464	7,037,982	810,271
53	(1932)	393	23,924	133	151,021	15,131	74	4,193	12	38,982	3,104	6,562	1,014,354	52,232	7,228,151	808,445
54	(1931)	434	25,421	137	131,291	16,249	76	4,107	19	35,604	2,845	6,613	974,115	51,494	7,155,976	775,398
55	(1930)	400	27,232	109	....	17,855	126	10,140	95	......	7,943	6,719	955,869	49,584	....	763,382
56	(1929)	473	24,732	170	....	15,584	127	9,305	79	......	6,943	6,665	907,133	47,939	....	726,706
57	(1928)	529	22,831	161	....	......	99	7,098	9	......	......	6,825	802,924	43,313	....	....
58	(1927)	530	21,930	...	....	12,453	84	6,169	..	......	5,139	6,807	853,318	......	....	671,832

The list beginning on page 796 was subject to additions and removals of hospitals until going to press; totals of the list, therefore, may vary slightly from tables 1 and 2, which were prepared as of Dec. 31, 1935.

eral hospitals of a number of institutions that previously had been devoted to some specialty. Especially have a number of industrial hospitals in recent years devoted themselves increasingly to general practice. A number of these have been transferred to the classification of general hospitals.

Totals According to Type of Service, 1935
Condensed from Table 2

	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Patient Days	Av. Length of Stay
General	4,257	406,174	48,757	6,867,870	261,294	95,372,310	14
Nervous and mental	592	530,522	132	173,109	508,448	185,583,720	1,072
Tuberculosis	496	70,373	58	86,113	60,738	22,169,370	257
Maternity	121	6,141	3,825	66,693	3,582	1,307,430	20
Industrial	52	3,421	11	41,432	1,576	575,240	14
Eye, ear, nose and throat	44	2,263	11	97,181	1,089	397,485	4
Children's	51	4,874	119	83,015	3,113	1,136,375	14
Orthopedic	68	6,304	12	28,280	5,010	1,828,650	65
Isolation	66	7,384	70	47,004	3,301	1,204,865	26
Convalescent and rest	135	6,233	34	28,218	4,457	1,619,305	57
Hospital departments of institutions	275	20,791	234	143,434	13,839	5,050,535	35
All other hospitals	89	11,778	48	47,295	10,240	3,737,600	79
Totals	6,246	1,076,350	53,310	7,709,942	876,689	319,991,485	42

NERVOUS AND MENTAL HOSPITALS

During the past year, hospitals for nervous and mental patients have decreased from 614 to 592 and in the same time the capacity has increased from 513,845 to 530,522, a net increase in capacity of 16,677 beds. Patients admitted during 1935 numbered 173,109, an increase of 694 over the record of the previous year. The average census of patients was 508,448, as compared with 488,481 a year ago. The percentage of beds occupied was 95.84. The 592 hospitals in this classification include mental, nervous and mental, mentally deficient, epileptic, and institutions for special types.

Analysis of General Hospitals by Control

	Hospitals	Beds	Patients Admitted	Average Census	Patient Days	Length of Stay
Federal	257	50,908	357,859	35,271	12,873,915	36
State	49	15,113	280,072	15,124	5,520,380	21
County	380	28,662	413,947	22,526	8,221,990	20
City	212	40,534	725,407	33,167	12,105,955	16
City-county	36	6,602	103,615	4,810	1,755,650	17
Total governmental general	754	142,049	1,870,900	110,898	40,477,770	22
Church	840	101,107	1,666,308	60,558	22,103,670	12
Fraternal	29	1,999	20,881	1,041	379,965	18
Associations and restricted corporations	1,259	113,516	2,307,410	67,702	24,744,445	11
Total nonprofit general	2,069	216,522	4,134,599	129,302	47,228,080	11
Individual and partnership	976	20,752	376,716	8,428	3,076,220	8
Corporations (unrestricted as to profit)	458	24,851	465,655	12,576	4,590,240	9
Total proprietary general	1,434	45,603	842,371	21,004	7,666,460	9
Grand total, general hospitals	4,257	406,174	6,867,870	261,294	95,372,310	14

TUBERCULOSIS HOSPITALS

The registered institutions devoted exclusively to the care of patients suffering from tuberculosis number 496, a gain of one during the year. Their capacity is 70,373, which is a gain of 310 during the year. The number of patients admitted was 86,113, as against 82,455 for the previous year. The average census was 60,738, as compared with 59,689 for the previous year. The figures here given for tuberculosis hospitals do not include the tuberculosis departments of general hospitals. The percentage of beds occupied is 86.43.

A complete report on tuberculosis hospitals and sanatoriums and the tuberculosis departments of other hospitals was published in the Tuberculosis Number of THE JOURNAL, Dec. 7, 1935.

MATERNITY HOSPITALS

The maternity hospitals now number 121, having lost nine since the last census. The capacity is 6,141 beds and 3,825 bassinets. In the last previous census there were 7,625 beds and 4,131 bassinets. Total patients admitted, not including new-born infants, during the year 1935 was 66,693 compared with 76,980 for the previous year. The average census of these patients was 3,582, as compared with 4,647 of last year. Bed occupancy was 58.33 per cent.

Births in maternity hospitals numbered 35,784, or 4.6 per cent of the births in all hospitals. The corresponding percentage for 1934 was 6.8 and for 1933 it was 10.

Births in Hospitals

	1929	1934	1935
According to Ownership or Control:			
Federal	2,236	6,008	6,027
State	9,125	15,349	24,804
County	17,327	39,675	41,011
City	45,787	70,711	69,514
City-county	8,806	12,587	11,644
Total governmental	83,541	144,419	153,000
Church	200,726	210,567	236,637
Fraternal	1,730	1,630	1,638
Associations and restricted corporations	.....	209,157	260,805
Industrial	4,327	.....	.....
Independent associations	283,136	.....	.....
Total nonprofit	.....	481,304	525,079
Individual and partnership	30,436	30,865	38,777
Corporations (unrestricted as to profit)	.....	44,495	54,905
Total proprietary	.....	75,360	91,582
Total nongovernmental	538,355	556,724	616,660
According to Type of Service:			
General	561,754	648,966	732,465
Maternity	53,019	40,049	35,784
Industrial	4,423	2,676	....*
Children's	802	606	724
Hospital departments of institutions	277	336	391
All other hospitals	1,501	122	306
†Total births in all hospitals	621,806	701,143	769,660

* Owing to reclassification, births in industrial hospitals are carried under the heading "All other hospitals."

INDUSTRIAL HOSPITALS

The classification of industrial hospitals includes hospitals that are devoted exclusively or mainly to the care of accidents and conditions arising in industries. They are run by railroads, mills and other industrial plants. A number of these were found to have become more general than industrial. They have been reclassified as general hospitals.

The number of industrial hospitals now, therefore, is only fifty-two, as compared with 113 a year ago. The total number of beds in these hospitals is 3,421. They admitted 41,432 bed patients and the average census was 1,576. The bed occupancy was 46.07 per cent.

EYE, EAR, NOSE AND THROAT HOSPITALS

The eye, ear, nose and throat hospital also tends to decrease in number. There are at present forty-four of these as compared with fifty-five last year. The capacity is 2,263; they admitted 97,181 patients and had an average census of 1,089. The percentage of occupancy was 48.12.

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CHILDREN'S HOSPITALS

The fifty-one children's hospitals now in the Register have a total capacity of 4,874 beds and 118 bassinets. They admitted 83,015 patients and had an average census of 3,115. The percentage of all beds occupied during 1935 was 63.91.

Complete figures are not available on children admitted to general hospitals. There can be no reasonable doubt that the figures would be several times as large as for children's hospitals.

A glance at the column headed "Children's" in table 2 will show the trend in children's hospitals year by year since 1927, there being in that time some decrease both in the capacity of those hospitals and in the number of patients admitted. The average size of those in existence is larger than in 1927.

ORTHOPEDIC HOSPITALS

There are sixty-eight orthopedic hospitals, with a capacity of 6,394 beds. They admitted 28,280 patients and had an average census of 5,010. The total capacity of these hospitals remained about the same, with only a slight increase in the number of patients admitted. The percentage of beds occupied was 78.35.

Separate figures for the orthopedic departments of general and other hospitals have not been obtained. They would without doubt show a great deal more work done in those departments than in the special orthopedic hospitals.

ISOLATION HOSPITALS

The trend in isolation hospitals as shown in table 2 is downward as to number and slightly upward as to number of patients admitted and the average census. The sixty-six hospitals now in existence under this classification are mainly well equipped institutions for the study of contagious diseases, isolation per se being one object in their design.

They have a capacity of 7,384 beds and seventy bassinets, and they admitted 47,004 patients last year. The average census was 3,301. The percentage of occupancy was 44.70.

An increasing amount of hospitalization of contagious diseases is carried out by general hospitals, actual figures for which have not been obtained.

CONVALESCENT AND REST HOSPITALS

The classification of convalescent and rest hospitals comprises the least definite of all types of service. We have included only those hospitals that have reported themselves as specializing in providing for convalescence and rest and which provide adequate medical care and nursing service, with equipment sufficient for the purposes for which the institution was designed.

We have 135 of these institutions on the Register, with a capacity of 6,233 beds and thirty-four bassinets, admitting 28,218 patients and having an average census of 4,437. Seventy-two per cent of all beds were occupied during the past year.

COMPARISON OF HOSPITAL DATA FOR 1934 AND 1935.

No.		Hospitals		Beds		Bassinets		Births		Patients Admitted		Average Census		No.
Mar.		1934	1935	1934	1935	1934	1935	1934	1935	1934	1935	1934	1935	Mar.
1	Alabama	89	86	11,579	12,039	699	684	5,774	6,221	87,186	98,105	8,479	9,247	1
2	Arizona	68	62	4,709	4,691	217	218	2,133	2,353	31,786	35,989	3,115	3,312	2
3	Arkansas	67	65	8,027	8,045	223	236	2,655	2,240	41,813	46,291	6,069	7,015	3
4	California	382	388	63,149	64,315	3,075	3,062	41,423	44,701	454,070	487,423	40,851	53,866	4
5	Colorado	103	105	12,414	13,019	361	337	5,902	6,727	80,334	92,734	9,382	10,430	5
6	Connecticut	92	92	17,549	17,884	1,025	1,014	15,035	15,347	189,038	196,518	14,384	15,013	6
7	Delaware	13	14	2,285	2,342	112	111	1,765	1,800	14,850	15,772	1,796	1,900	7
8	District of Columbia	32	32	12,357	13,286	484	528	8,971	9,286	89,033	91,888	10,375	11,004	8
9	Florida	93	89	9,593	9,492	341	329	5,954	6,489	70,427	77,317	6,934	7,212	9
10	Georgia	109	108	14,681	14,681	565	537	8,766	9,861	116,573	126,457	10,857	11,878	10
11	Idaho	32	29	3,301	3,251	259	248	2,791	2,859	27,278	29,795	2,304	2,415	11
12	Illinois	320	321	69,926	75,949	4,035	4,050	55,036	60,590	506,592	543,141	55,696	60,561	12
13	Indiana	139	133	21,016	22,804	1,140	1,154	12,210	21,973	132,487	142,411	18,191	18,806	13
14	Iowa	159	156	19,614	19,728	1,105	1,097	12,036	13,035	123,385	137,340	15,563	16,039	14
15	Kansas	127	124	13,905	14,258	751	746	7,736	8,861	90,628	103,754	10,136	10,712	15
16	Kentucky	100	100	13,548	13,660	555	563	6,031	6,695	94,255	99,622	10,429	11,039	16
17	Louisiana	61	63	13,222	13,857	411	471	8,886	10,231	120,691	124,632	11,193	12,351	17
18	Maine	68	68	6,634	6,945	438	435	3,782	4,064	48,484	48,139	5,304	5,621	18
19	Maryland	82	81	17,773	18,021	648	699	8,901	9,670	105,192	111,486	14,501	15,564	19
20	Massachusetts	272	286	56,414	58,469	3,141	3,087	39,951	41,402	349,391	351,791	47,633	48 297	20
21	Michigan	242	272	42,529	43,074	2,111	2,099	25,082	29,811	291,371	306,989	33,192	33,999	21
22	Minnesota	217	219	27,804	27,520	1,533	1,529	18,976	20,867	188,865	207,602	21,431	22,545	22
23	Mississippi	76	77	7,954	9,251	304	306	2,725	3,007	49,892	55,630	5,717	6,988	23
24	Missouri	154	150	27,626	28,528	1,494	1,508	17,509	18,482	194,535	205,459	21,719	22,547	24
25	Montana	39	37	5,475	5,280	429	449	4,001	4,086	38,922	47,002	3,825	3,787	25
26	Nebraska	102	103	10,008	10,349	599	614	6,018	7,003	66,586	72,956	7,766	8,074	26
27	Nevada	19	18	1,033	1,068	59	64	566	602	6,469	6,861	571	702	27
28	New Hampshire	45	45	4,959	5,010	359	358	3,487	4,091	32,692	37,016	3,801	3,965	28
29	New Jersey	172	167	40,335	41,054	2,279	2,301	34,283	35,820	368,079	389,057	32,592	34,055	29
30	New Mexico	30	30	3,452	3,634	177	182	1,334	1,557	21,009	23,497	2,319	2,498	30
31	New York	504	504	109,940	110,541	7,301	7,423	121,661	128,321	1,078,114	1,125,533	137,457	141,277	31
32	North Carolina	147	148	15,781	15,345	729	710	6,583	8,716	116,320	134,619	11,192	11,681	32
33	North Dakota	55	53	5,444	5,358	388	396	3,816	4,354	42,248	50,804	4,038	4,373	33
34	Ohio	264	253	51,294	52,554	2,515	2,567	33,270	36,020	317,680	351,785	41,631	43,427	34
35	Oklahoma	118	116	13,234	13,628	551	566	7,152	8,107	87,611	91,311	7,529	11,261	35
36	Oregon	75	73	9,716	9,709	461	472	5,943	5,913	70,717	71,708	7,747	7,919	36
37	Pennsylvania	366	369	80,313	80,989	4,998	4,985	61,504	66,702	566,835	565,984	64,866	66,223	37
38	Rhode Island	32	30	7,509	7,599	402	412	5,419	5,706	37,881	37,190	6,121	6,123	38
39	South Carolina	62	60	7,861	7,980	288	291	3,327	3,630	55,377	63,342	6,371	6,472	39
40	South Dakota	39	39	4,966	5,271	360	379	3,513	3,489	37,633	41,350	3,446	4,000	40
41	Tennessee	99	99	14,899	14,454	503	511	8,133	8,566	107,942	116,270	10,956	11,484	41
42	Texas	280	286	29,758	30,339	1,601	1,618	20,745	21,579	242,822	276,427	21,708	23,672	42
43	Utah	34	35	3,628	3,801	270	308	4,551	4,675	28,168	29,050	2,189	2,300	43
44	Vermont	32	32	3,499	3,463	176	168	2,072	2,178	23,689	24,553	2,759	2,839	44
45	Virginia	107	110	18,443	18,779	566	572	7,194	7,345	107,688	116,683	14,041	14,710	45
46	Washington	121	119	16,919	16,624	1,041	997	11,788	12,653	111,497	122,060	12,819	13,473	46
47	West Virginia	76	78	9,302	9,441	461	440	3,340	4,013	87,128	104,968	6,326	6,788	47
48	Wisconsin	223	225	29,466	30,246	1,694	1,716	19,267	21,738	190,771	211,872	22,682	23,879	48
49	Wyoming	27	28	2,220	2,321	122	117	1,325	1,309	15,132	16,969	1,676	1,870	49
50	Totals	6,334	6,346	1,048,101	1,076,350	53,028	53,310	701,143	769,660	7,147,416	7,709,942	830,088	876,689	50

Reference to the convalescent and rest column in table 2 shows that there are twenty states reporting no hospitals under this classification and about as many more showing only one or two such institutions. These states are, of course, not without facilities for convalescent care. Most of this service is provided by general hospitals, in which patients are quite welcome to remain throughout their period of convalescence.

Many places used for convalescence and more or less adapted for that purpose are not shown in the Register because they hardly seem to fit in with a classification of hospitals and sanatoriums. Accommodations for convalescents are also afforded for certain types of cases in various special hospitals, such as those for tuberculosis and for mental diseases. Nor can any one question the importance of the home from the standpoint of the amount of convalescence that takes place there.

INSTITUTIONAL HOSPITALS

A phenomenon worthy of notice in the hospital field is the decline in hospital departments of institutions, as a result of the discontinuance of these hospital departments and transfer of patients to existing hospitals.

Pathology Departments

	Number of Clinical Laboratories		Directors			
			M.D.		Other*	
	1934	1935	1934	1935	1934	1935
Alabama	59	56	38	39	21	19
Arizona	27	29	16	18	11	11
Arkansas	51	47	34	37	17	10
California	231	236	164	175	67	61
Colorado	69	73	45	52	24	21
Connecticut	49	49	39	42	10	7
Delaware	12	11	9	9	3	2
District of Columbia	24	24	24	22	..	2
Florida	66	62	43	39	25	23
Georgia	82	84	53	51	29	33
Idaho	28	28	14	15	14	13
Illinois	254	259	170	189	84	70
Indiana	95	90	59	63	36	27
Iowa	111	113	68	78	43	35
Kansas	80	81	56	56	24	25
Kentucky	73	70	36	37	37	33
Louisiana	48	54	36	38	12	16
Maine	41	43	25	27	16	16
Maryland	62	60	35	48	27	12
Massachusetts	186	191	144	156	44	35
Michigan	152	159	104	113	48	46
Minnesota	134	131	82	81	52	50
Mississippi	60	65	24	30	36	35
Missouri	106	108	82	84	24	24
Montana	29	27	15	20	14	7
Nebraska	57	64	41	44	16	20
Nevada	6	7	4	6	2	1
New Hampshire	27	28	20	22	7	6
New Jersey	114	115	96	95	18	20
New Mexico	23	23	16	17	7	6
New York	360	409	340	341	60	68
North Carolina	106	110	66	69	42	53
North Dakota	29	32	14	16	15	16
Ohio	191	180	124	125	67	64
Oklahoma	87	90	50	50	37	40
Oregon	43	41	29	28	14	13
Pennsylvania	270	285	225	243	54	42
Rhode Island	21	19	17	14	4	5
South Carolina	39	44	22	29	17	15
South Dakota	38	36	27	26	11	12
Tennessee	66	70	39	47	27	23
Texas	197	211	123	137	74	74
Utah	18	19	16	18	2	1
Vermont	20	21	14	14	6	5
Virginia	84	88	59	64	25	24
Washington	72	78	49	54	23	24
West Virginia	62	63	45	41	17	22
Wisconsin	135	141	84	83	51	58
Wyoming	18	18	14	14	4	4
Totals	4,271	4,364	2,950	3,115	1,321	1,249

* Includes all departments reporting directors other than M.D. and all departments not reporting a director.

In 1927 there were 530 of these institutional hospitals, as compared with 275 at the present time. Their capacity is 20,793 beds and 234 bassinets. Their importance is indicated by the fact that they admitted 143,434 patients last year and had an average census of 13,859. The percentage of beds occupied last year was 66.65.

PATHOLOGY DEPARTMENTS

The table summarizing pathology departments affords an opportunity to study the progress made in each state during the past year with regard to the number of clinical laboratories and the number in charge of physicians. New York State reported 409 hospitals having their own clinical laboratories with 341 in charge of physicians. Pennsylvania is second, with 285 laboratories with 243 in charge of physicians. Illinois reported 259 laboratories, with 189 in charge of physicians. California reported 236 laboratories, with 175 in charge of physicians. Texas reported 211 laboratories, with 137 in charge of physicians. Thus, a number of hospitals in every state of the union admitted that they were using nurses and lay technicians as directors of their laboratories, even though they admit that the practice of pathology is the practice of medicine. The total number of hospitals reporting their own clinical laboratories is 4,364, as against 4,271 in 1934. Those having physician-directors number 3,115, as against 2,950 a year ago. Those having lay and registered nurse directors number 1,249, as compared with 1,321 a year ago.

Radiology Departments

	Number of X-Ray Departments		Directors			
			M.D.		Other*	
	1934	1935	1934	1935	1934	1935
Alabama	60	60	40	51	17	17
Arizona	27	28	27	28	10	10
Arkansas	51	46	40	41	11	5
California	202	205	198	205	68	61
Colorado	68	72	45	57	23	15
Connecticut	49	49	44	44	5	5
Delaware	11	11	11	11	..	..
District of Columbia	23	24	22	22	1	2
Florida	69	71	49	48	20	23
Georgia	82	85	65	68	17	22
Idaho	40	39	26	25	14	14
Illinois	262	268	195	204	67	62
Indiana	104	105	67	71	37	34
Iowa	127	127	91	98	36	29
Kansas	97	93	74	77	23	16
Kentucky	78	79	56	59	22	20
Louisiana	49	52	40	43	9	10
Maine	52	55	38	41	14	14
Maryland	55	55	43	49	12	6
Massachusetts	185	189	161	174	24	15
Michigan	165	187	145	148	20	39
Minnesota	156	163	109	110	20	53
Mississippi	67	70	49	52	18	18
Missouri	110	113	96	96	14	17
Montana	36	36	25	24	11	12
Nebraska	72	78	38	42	14	10
Nevada	10	10	5	4	5	6
New Hampshire	30	30	26	26	4	4
New Jersey	116	120	102	104	14	16
New Mexico	32	32	29	26	3	6
New York	431	426	378	386	53	50
North Carolina	115	121	86	87	29	34
North Dakota	33	30	20	18	13	12
Ohio	183	181	147	142	36	39
Oklahoma	90	100	57	64	33	36
Oregon	54	51	30	33	15	18
Pennsylvania	267	274	223	246	34	28
Rhode Island	18	17	17	17	1	..
South Carolina	39	44	30	33	9	11
South Dakota	44	41	32	31	12	10
Tennessee	73	74	52	58	21	16
Texas	223	234	162	167	61	67
Utah	26	28	22	25	4	3
Vermont	23	24	20	20	3	4
Virginia	86	88	71	72	15	16
Washington	83	84	65	61	20	23
West Virginia	64	66	45	47	19	19
Wisconsin	141	145	90	98	51	47
Wyoming	23	22	15	16	8	6
Totals	4,589	4,698	3,563	3,686	1,026	1,012

* Includes all departments reporting directors other than M.D. and all departments not reporting a director.

RADIOLOGY DEPARTMENTS

Increase of radiology in hospitals has been rather striking over a period of years.

The census shows a total of 4,698 hospitals having their own equipment, as compared with 4,589 a year

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ago, an increase of 109. There were 3,686 directed by physician radiologists, as compared with 3,563 a year ago. The departments directed by lay technicians and registered nurses number 1,012, as compared with 1,026 a year ago.

New York has 438 departments with 388 physicians; Pennsylvania 274 departments with 246 physicians; California and Illinois tie, each having 266 departments, California having 205 physicians and Illinois 204. Texas reported 234 departments using 167 physicians. All the states but Delaware and Rhode Island admitted having a number of departments without physician directors.

SCHOOLS OF NURSING

Schools of nursing were reported from every state except Nevada. The total number of schools reported was 1,476, and 1,444 of these are accredited by the board of nurse examiners of the state in which the school is located. One thousand two hundred and fifty-eight schools reported the number of students, their aggregate enrolment being 65,046, an average of fifty-two per school. The average per school was forty-five in 1932. In 1930, 26 per cent of the hospitals had accredited schools of nursing; in 1935, 23 per cent. In the last five years the number of accredited schools has dropped 320, or 18 per cent, and in the last year the number has dropped eighty-seven, or about 6 per cent.

Reference to the tabulated returns seems to indicate that a considerable number of hospitals operating schools of nursing evidently omitted to answer the question as to whether they had a school of nursing. This is noticeable in Illinois, in which the state board reports 121 schools and our census brought answers from only 106. The Pennsylvania board reported 128 schools and we heard from only 86.

Schools of Nursing

	Number of Schools Reporting	Number of of State Accredited Schools	Number of Schools Reporting Enrolment	Number of Students Reported
Alabama	32	25	22	712
Arizona	3	4	2	147
Arkansas	9	8	7	253
California	39	46	36	2,515
Colorado	17	16	12	677
Connecticut	22	20	21	1,490
Delaware	7	7	7	276
District of Columbia	10	11	9	821
Florida	17	13	15	567
Georgia	20	14	16	776
Idaho	7	9	5	176
Illinois	106	121	92	4,703
Indiana	29	27	26	1,570
Iowa	34	31	30	1,265
Kansas	41	36	33	1,119
Kentucky	20	19	9	491
Louisiana	15	15	15	900
Maine	27	25	23	630
Maryland	30	24	22	1,000
Massachusetts	90	73	72	4,540
Michigan	35	37	33	2,691
Minnesota	37	37	30	2,015
Mississippi	36	33	31	840
Missouri	24	22	20	1,565
Montana	12	11	11	425
Nebraska	15	14	13	701
Nevada	..	..	..	..
New Hampshire	19	16	19	573
New Jersey	52	52	49	2,998
New Mexico	2	2	2	68
New York	140	123	123	6,549
North Carolina	45	44	37	1,002
North Dakota	16	16	13	330
Ohio	92	71	66	3,969
Oklahoma	16	14	14	510
Oregon	9	10	7	403
Pennsylvania	86	128	78	7,168
Rhode Island	8	9	6	555
South Carolina	22	23	16	666
South Dakota	17	16	12	419
Tennessee	26	28	23	1,221
Texas	50	50	43	1,982
Utah	6	6	6	415
Vermont	12	13	11	334
Virginia	29	24	25	900
Washington	34	25	31	938
West Virginia	31	31	22	357
Wisconsin	32	32	30	1,507
Wyoming	1	1	1	30
Totals	1,476	1,444	1,258	65,046

Hospitals Reporting Patients' Libraries and Ambulance Service in Hospitals

	Patients' Libraries	Hospitals Owning Ambulances	Hospitals Reporting Calls	Number of Calls
Alabama	25	7	4	8,450
Arizona	15	7	2	228
Arkansas	20	3	3	856
California	167	41	25	60,884
Colorado	45	7	7	4,300
Connecticut	55	22	18	7,389
Delaware	11	3	3	154
District of Columbia	19	9	5	12,481
Florida	22	5	3	1,255
Georgia	34	13	7	14,091
Idaho	10	2	1	10
Illinois	147	13	11	9,370
Indiana	65	7	5	4,301
Iowa	76	5	3	944
Kansas	49	7	6	3,073
Kentucky	27	3	2	4,091
Louisiana	21	7	4	6,914
Maine	48	6	6	2,355
Maryland	47	8	4	1,725
Massachusetts	168	67	42	25,405
Michigan	103	21	16	17,919
Minnesota	98	17	9	12,721
Mississippi	16	3	2	169
Missouri	65	9	5	49,032
Montana	24	3	..	..
Nebraska	66	4	4	1,978
Nevada	6	2	1	50
New Hampshire	32	7	2	230
New Jersey	82	44	40	69,435
New Mexico	20	8	5	713
New York	325	160	120	291,344
North Carolina	48	5	3	1,132
North Dakota	25	6	5	658
Ohio	108	8	4	5,297
Oklahoma	22	6	3	2,418
Oregon	24	6	4	891
Pennsylvania	187	90	86	35,307
Rhode Island	17	9	6	12,354
South Carolina	16	3	3	2,475
South Dakota	21	3	3	847
Tennessee	34	9	6	15,163
Texas	92	12	9	11,459
Utah	11	3	1	36
Vermont	24	2	1	63
Virginia	49	12	9	4,594
Washington	49	12	9	1,797
West Virginia	24	6	3	274
Wisconsin	97	12	6	2,877
Wyoming	9	4	3	1,132
Totals	2,749	717	533	802,930

It is hoped that all hospitals will answer this question in full next year, because of the keen interest on the part of many hospitals in the question whether or not to maintain a school of nursing.

PATIENTS' LIBRARIES

In this census for the first time the question was asked whether or not the hospital had a library for patients. The question was answered in the affirmative by 2,749 hospitals. Since the size and nature of the library was not stressed, little is known beyond the fact that it may be assumed that a wide variety of libraries would be found among the hospitals reporting.

There were 325 in New York, 187 in Pennsylvania, 168 in Massachusetts, 167 in California, 147 in Illinois, 108 in Ohio, and 103 in Michigan.

AMBULANCE SERVICE

Seven hundred and seventeen hospitals reported that they operate and own ambulances. The number of ambulance calls was reported by 533 hospitals, and the entire number of calls added up to 802,930.

Many hospitals that do not own ambulances obtain their ambulance service as needed through either private or public ambulance services.

HOSPITALS IN ALASKA, CANAL ZONE, GUAM, HAWAII, PHILIPPINE ISLANDS, PUERTO RICO AND VIRGIN ISLANDS

A steady, slight increase in the hospital service for this group characterized the year 1935 as it did in former years. The Philippine Islands have 101 hospitals, Puerto Rico has forty-nine hospitals, Hawaii has forty-seven hospitals, Alaska has nineteen hospitals, Canal Zone has ten hospitals, the Virgin Islands have five hospitals and Guam has two hospitals.

Hospitals in Alaska, Canal Zone, Guam, Hawaii, Philippine Islands, Puerto Rico and Virgin Islands

	Hospitals	Beds	Bassinets
Alaska	19	563	62
Canal Zone	10	1,502	39
Guam	2	92	17
Hawaii	47	4,730	222
Philippine Islands	101	8,387	329
Puerto Rico	49	3,402	225
Virgin Islands	5	320	26
Totals (1935)	233	19,416	1,150
(1934)	221	18,430	1,120
(1933)	215	18,704	1,026
(1932)	204	18,355	729

METHODS OF REGISTERING AND APPROVING HOSPITALS

The inclusion of any hospital in the Register is an indication that evidence concerning irregular or unsafe practices in that hospital has not been available to the Council on Medical Education and Hospitals. Considerable investigation is carried out in the case of each hospital before it is admitted to the Register.

First, hospitals supply information regarding their capacity, equipment, classification and list of staff. Each member of the staff is then looked up in the biographic files of the Association.

Second, a personal visit by a member of our staff of hospital examiners is made to each hospital approved, or applying for approval, for internships or for residencies. An increasing number of other hospitals are being inspected.

Third, information and advice are obtained from the secretaries and other members of the county medical societies, from state, city or county health departments, from the councilors of the state medical association for the district in which the hospital is located, and from other sources. Investigation of hospitals for internship and residency approval is more comprehensive than for registration.

The list of registered hospitals, by states, is presented on later pages of this issue, where considerable data are given about each hospital. Classifications, symbols and abbreviations are explained at the head of the list. The list in each state is given in two sections: (1) hospitals and sanatoriums, and (2) related institutions. The related institutions include some general hospitals lacking certain essentials, nursing homes, school infirmaries, prison infirmaries, custodial and other institutions designed to give some medical, nursing or convalescent care in an ethical and acceptable manner, but not strictly hospitals. In the statistics the two classifications are consolidated.

Hospitals, Sanatoriums and Related Institutions

	Hospitals	Beds	Bassinets	Births	Patients Admitted	Average Census
Hospitals and sanatoriums	4,670	980,210	50,230	754,320	7,361,429	727,924
Related institutions	1,276	173,140	3,080	15,124	340,513	148,765
Total registered hospitals	6,946	1,076,350	53,310	769,860	7,700,942	876,689

HOSPITALS REFUSED REGISTRATION

There are 564 institutions which, because of alleged unethical or questionable practices, admission to their staffs of members who are seriously unqualified, either morally or professionally, flagrant methods of advertising, or for other valid reasons, are deemed unworthy of being included in any published list of reputable hospitals.

Only a little over 1 per cent of the total capacity of all hospitals is included in the 564 institutions that are refused registration. From the standpoint of hospitalization, therefore, they are as a rule not needed.

Hospitals Refused Registration

	No. of Hospitals	Beds	Bassinets
Alabama	5	102	40
Arizona	3	61	13
Arkansas	11	206	15
California	69	2,311	314
Colorado	22	471	63
Connecticut	2	51	15
Delaware	..	...	..
District of Columbia	..	...	..
Florida	14	328	22
Georgia	2	36	3
Idaho	2	54	6
Illinois	41	1,398	143
Indiana	15	493	29
Iowa	23	554	49
Kansas	32	730	75
Kentucky	10	153	4
Louisiana	2	22	4
Maine	6	113	17
Maryland	4	71	..
Massachusetts	16	421	95
Michigan	19	476	75
Minnesota	9	186	19
Mississippi	2	72	1
Missouri	24	1,191	33
Montana	6	106	16
Nebraska	18	457	37
Nevada	2	320	..
New Hampshire	..	...	..
New Jersey	9	177	31
New Mexico	1	5	..
New York	28	1,075	185
North Carolina	4	150	6
North Dakota	3	55	3
Ohio	29	693	92
Oklahoma	18	429	49
Oregon	14	421	69
Pennsylvania	21	671	40
Rhode Island	1	65	3
South Carolina	3	67	6
South Dakota	4	152	14
Tennessee	9	192	1
Texas	23	321	47
Utah	..	...	..
Vermont	1	...	..
Virginia	2	33	8
Washington	20	464	75
West Virginia	2	42	..
Wisconsin	10	244	7
Wyoming	4	111	10
Totals	564	16,786	1,783

Not only are they left out of the Register and American Medical Directory but their names are consistently omitted from all the publications of the Association and they are refused admission to the advertising columns.

This helps to distinguish between the good and the bad in hospitals. As a result, it is considered a disgrace among hospitals and physicians to be refused registration, and institutions that are rejected are frequently aroused and correct the objectionable practices in order that they may be recognized. Public and professional opinion forces many such institutions to sell their buildings to more reputable owners or to close up.

The Register is used as a basic list of hospitals. Industrial and governmental agencies use it in selecting hospitalization for their dependents and beneficiaries. Physicians almost universally observe the Register in referring their patients.

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The good work that the American Medical Association has accomplished by its vigilance in distinguishing between the fit and the unfit in the hospital field has been shared very largely by other organizations. The American College of Surgeons has cooperated by refusing to consider for its approval an unregistered hospital, and the American Hospital Association has followed the Register in considering applications for institutional membership. It is evident also that the public in general limits its patronage and its donations to hospitals that are considered worthy of a place in the Register.

Opportunity is always open to unregistered hospitals to mend their ways and merit registration.

DEVELOPMENTS IN INTERN TRAINING

Two criticisms directed at the internship period have been subjected to pointed inquiry recently. These are (1) that, as now constituted, the internship period concentrates interest more particularly on the end results of disease rather than on early recognition and treatment; (2) that interns, since they are not in position to translate present experience in terms of future usefulness, are inclined to slight the commonplace in complaints and procedures and to waste time and effort in the pursuit of the unessential, the unusual or the spectacular.

Our knowledge of educational programs in general hospitals indicates that these indictments are too commonly true. It is equally true that most institutions lend themselves to teaching young medical graduates according to accepted standards only after the expenditure of considerable thought and effort. Much reliance has been placed on the personal initiative of interns to translate a mediocre internship into a well-rounded, useful service. Such individual industry and application are admittedly indispensable factors in any good internship, but the criticisms mentioned lead one to believe that dependence on this factor is not enough.

Proper use of outpatient material answers the criticism relating to contact with early manifestations of disease, and it is pointed out that affiliations are available in most communities for such experience. In this way, interns can observe and manage mental and communicable diseases and attend antepartum, pediatric, metabolic, venereal and other types of clinics. In several instances, use has been made of ambulatory patients in doctors' offices.

There has always been a considerable waste of the many opportunities for experience in commonplace procedures available in most hospitals. The Report of the Commission on Medical Education was largely responsible for focusing attention on the principal demands made on general practitioners. As a result, practical aspects of hospital service useful to practitioners are beginning to receive the attention they deserve. Commentators frequently have noted the ignorance of recent medical graduates in the simplest nursing procedures and the gratitude of the house staff after such demonstrations have been arranged. Similarly, instruction in the dietetic laboratory, pharmacy, physical therapy department and other hospital units has proved extremely useful. Greater emphasis on minor surgery, fractures, infant feeding, conservative obstetrics, anesthesia and the like has been discussed in previous hospital numbers of THE JOURNAL. Likewise, training of interns in nonclinical subjects, such as medical organization, economics, jurisprudence, insurance and compensation laws, has been inaugurated in many hospitals by development of seminars conducted by the interns themselves.

Hospitals in many instances attract interns through the merits of outstanding clinicians or services. Evidences of thoughtfully considered, complete internship programs are, however, no longer uncommon. In every such instance, progress in intern training in individual institutions is in direct proportion to the alertness of the staff intern committee.

AVAILABLE CLINICAL MATERIAL

The attention of hospitals has been called to the change in the Council's requirements covering available clinical material in hospitals seeking internship approval. This regulation now reads: "General hospitals are eligible which admit at least 2,000 patients per year and/or have a daily average census of seventy-five patients, and which provide a variety of medical, surgical, obstetric and pediatric patients either in the hospital proper or through suitable affiliations with other institutions. New-born infants are included in computing the daily average census but are not counted as admissions." Deviations from this rule are occasionally permitted by the Council but only on the basis of individual investigation. Allowances are occasionally made for additional sources of patients, such as an active, organized outpatient department, or affiliation with other special institutions.

A change of even greater significance has been the abandonment of the beds per intern ratio as a reliable index to diversification and availability of clinical material. A recent study indicates that a much more satisfactory index rests on the number of admissions per intern annually. It has been found that the best teaching hospitals employ one intern for each 430 yearly admissions, which means that each intern is responsible for a complete workup on slightly more than one admission daily. In the opposite sense it is thought that an intern cannot be expected to make adequate routine investigations on more than two patients a day, which places the maximum yearly admission rate per intern at about 700. Since the average length of stay in general hospitals is in the neighborhood of ten days, and with the preceding ratios in mind, it follows that the total number of inpatients per day over which an intern should assume responsibility lies between the limits of ten and twenty.

If these ratios are accepted as adequate indexes, it can be foreseen that in time hospitals will, as a general rule, be expected to develop a program for at least four interns. If for any reason fewer are employed, special precautions would be necessary to prevent spreading intern effort over too wide a field.

It should also be borne in mind that logically these proportions should be applied to clinical material in each of the larger clinical departments—medicine, surgery, obstetrics and pediatrics. Preponderance of admissions in one department would not, under this arrangement, compensate for scarcity in another.

RESIDENCY APPROVAL

There is widespread interest at the present time in residency approval, a circumstance following closely on the development of special examining boards. It is hoped that the Council may secure assistance and cooperation from these boards in the further development of the hospital as an integral part of postgraduate training in medicine and in the elaboration of standards which will assist in the evaluation of hospital training in each of the residency classifications.

HOSPITALS REGISTERED BY THE AMERICAN MEDICAL ASSOCIATION

The following list contains the names of 6,246 hospitals, sanatoriums and related institutions that are located in the United States and 233 in Alaska, Canal Zone, Guam, Hawaii, Philippine Islands, Puerto Rico and Virgin Islands. It omits the names of 564 hospitals which, after investigation, were not accepted. The inclusion of the name of any institution may be taken as an indication that evidence concerning irregular or unsafe practices in that institution has not come to the attention of the Council on Medical Education and Hospitals. The list in each state is given in two sections: (1) hospitals and sanatoriums, and (2) related institutions. The related institutions include some general hospitals lacking certain essentials, nursing homes, school infirmaries, prison infirmaries, custodial and other institutions designed to give some medical, nursing or convalescent care in an ethical and acceptable manner, but not strictly hospitals. In the statistics the two classifications are consolidated. The words "No data supplied" following the name of a hospital mean that no report was received although at least three requests were sent.

KEY TO SYMBOLS AND ABBREVIATIONS

* Approved for general internship, the fifth year in medicine, by the Council on Medical Education and Hospitals.

◆ Approved for certain residencies in specialties for graduates in medicine who have already had a general internship or its equivalent in private practice.

◊ School of nursing accredited by state board of nurse examiners.

◊◊ Affiliated for nurse training on state accredited basis.

The column headed "Type of Service" tells what diseases or conditions are treated in each institution, as follows:

Ca	Cancer	ENT	Eye, ear, nose and throat	Inst	Institutional	Orth	Orthopedic
Card	Cardiac	Gen	General	Mat	Maternity	Skin	Skin and cancer
Chil	Children	G&TB	General and tuberculosis	MatCh	Maternity and children	TB	Tuberculosis
Chr	Chronic	Inc	Incurable	MeDe	Mentally deficient	TbIs	Tuberculosis and isolation
Convy	Convalescence and rest	Indus	Industrial	Ment	Mental	TbOr	Tuberculosis and orthopedic
Drug	Drug and alcoholic	Iso	Isolation	N&M	Nervous and mental	Ven	Venereal
Epil	Epileptic						

The column headed "Control" indicates for each institution the ownership, control, or auspices under which it is conducted, as follows:

GOVERNMENTAL		NONPROFIT ORGANIZATIONS	PROPRIETARY
Federal	State	Church	Individual
Indian Affairs	City	Fraternal	Partnership
United States Army	County	Nonprofit association	Corporation (unrestricted as to profit)
United States Navy	City-County		
United States Public Health Service			
Veterans Administration Facility			

ABBREVIATIONS

CyCo	City and county	Frat	Fraternal	NPAssn	Nonprofit association
Corp	Corporation unrestricted as to profit	I A	Office of Indian Affairs, Department of the Interior	Part	Partnership
Fed	Federal	Indiv	Individual	USPHS	United States Public Health Service
				Vet	Veterans Administration Facility

Population of cities is based on the 1930 census of the United States Bureau of the Census. Consultation with the Bureau led to this decision. Population of states is based on estimates of the Bureau as of July 1934.

The accompanying list was subject to additions and removals of hospitals until going to press; totals of the list, therefore, may vary slightly from tables 1 and 2, which were prepared as of Dec. 31, 1935.

ALABAMA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Albertville, 2,716—Marshall							
Sand Mountain Infirmary	Gen	Indiv	24	2	12	4	208
Alexander City, 4,519—Tallapoosa							
Russell Hospital	Gen	Indiv	54	4	18	7	450
Anniston, 22,343—Calhoun							
Garner Hospital◊	Gen	City	80	6	90	37	1,341
Station Hospital	Gen	Army	120	..	..	47	1,869
Atmore, 3,065—Escambia							
Atmore General Hospital	Gen	Corp	24	2	16	5	225
Bellamy, 317—Sumter							
Bellamy Hospital	Gen	Indiv	16	2	3	3	133
Bessemer, 20,721—Jefferson							
Bessemer General Hospital	Gen	Corp	72	4	40	14	660
Birmingham, 259,678—Jefferson							
Birmingham Baptist Hospital◊	Gen	Church	175	12	199	60	2,604
Children's Hospital	Chil	NPAssn	50	..	..	28	855
Hill Crest Sanitarium	N&M	Indiv	50	..	..	31	288
Hillman Hospital◊◊	Gen	County	420	43	2,074	357	10,721
Jefferson Sanatorium	TB	County	100	..	..	62	216
Norwood Hospital◊◊	Gen	NPAssn	210	16	150	78	3,020
St. Vincent's Hospital◊	Gen	Church	113	12	180	75	3,662
South Highlands Infirmary◊	Gen	Corp	137	17	480	72	3,864
Clanton, 1,847—Chilton							
Central Alabama Hospital	Gen	NPAssn	28	2	10	11	332
Decatur, 15,569—Morgan							
Benevolent Society Hospital◊	Gen	NPAssn	50	2	38	25	854
Dothan, 16,046—Houston							
Frazier-Ellis Hospital◊	Gen	Indiv	60	6	53	53	2,168
Moody Hospital◊	Gen	Indiv	94	6	55	62	2,559
Enterprise, 3,702—Coffee							
Gibson Hospital	Gen	Indiv	30	2	15	4	295
Eufaula, 5,308—Barbour							
Britt Infirmary◊	Gen	Indiv	50	6	27	25	...
Salter Hospital◊	Gen	Indiv	50	8	74	23	784
Fairfield, 11,859—Jefferson							
Employees' Hospital of the Tennessee Coal, Iron and Railroad Company◊◊	Gen	NPAssn	287	34	402	167	5,844
Flint (Decatur P.O.)—Morgan							
Morgan County Tuberculosis Sanatorium	TB	County	15	..	..	New	...
Florence, 11,729—Lauderdale							
Eliza Coffee Memorial Hosp.	Gen	City	50	6	54	16	833
Gadsden, 24,042—Etowah							
Forrest General Hospital◊	Gen	Corp	85	15	54	25	1,008
Holy Name of Jesus Hospital◊	Gen	Church	75	6	63	39	2,186
Greenville, 3,983—Butler							
Speir Hospital	Gen	Indiv	36	6	14	7	188
Huntsville, 11,554—Madison							
Huntsville Hospital	Gen	NPAssn	71	6	71	21	1,368
Jackson, 1,828—Clarke							
South Alabama Infirmary	Gen	Corp	12	2	..	3	...
Jasper, 5,313—Walker							
Walker County Hospital◊	Gen	Corp	50	4	44	30	1,225
Langdale, 510—Chambers							
Langdale Hospital	Surg	Corp	14	..	3	5	293
Mobile, 68,202—Mobile							
City Hospital◊	Gen	City	120	18	314	82	7,309
Mobile County Tuberculosis Sanitarium	TB	CyCo	50	..	..	42	24
Mobile Infirmary◊	Gen	NPAssn	90	10	83	50	1,913
Providence Infirmary◊	Gen	Church	100	12	103	50	1,792
U. S. Marine Hospital	Gen	USPHS	150	..	..	129	1,217
Montgomery, 66,079—Montgomery							
Fitts Hill Hospital	Gen	Indiv	20	6	73	14	632
Highland Park Sanatorium◊	Gen	Indiv	40	12	160	20	1,254
Montgomery Tuberculosis Sanatorium	TB	NPAssn	60	..	..	40	47
St. Margaret's Hospital◊	Gen	Church	125	12	234	85	4,800
Station Hospital	Gen	Army	30	4	18	16	572
Mt. Vernon, 810—Mobile							
Searcy Hospital (col.)	Ment	State	1,646	..	..	1,610	541
Opelika, 6,136—Lee							
East Alabama Hospital	Gen	NPAssn	25	4	17	3	222
Roanoke, 4,373—Randolph							
Knight Sanatorium	Gen	Indiv	32	2	12	10	313
Russellville, 3,146—Franklin							
Russellville Hospital	Gen	Part	18	1	12	6	276
Scottsboro, 2,304—Jackson							
Hodges Hospital	Gen	Indiv	20	2	9	10	169

Key to symbols and abbreviations is at top of this page

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ALABAMA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Selma, 18,012—Dallas							
Burwell Infirmary (col.)	Gen	Indiv	25	2	No data supplied		
Goldsby King Memorial Hosp.	Gen	Corp	52	10	35	32	1,201
Good Samaritan Hospital (col.)	Gen	NPAssn	35	6	17	12	563
Selma Baptist Hospital	Gen	NPAssn	65	8	75	30	1,173
Vaughan Memorial Hospital	Gen	Corp	30	6	81	15	980
Sheffield, 6,221—Colbert							
Colbert County Hospital	Gen	CyCo	75	8	64	17	1,172
Sylacauga, 4,115—Talladega							
Drummond Fraser Hospital[9]	Gen	Corp	50	15	162	11	712
Sylacauga Infirmary[9]	Gen	Corp	30	4	34	7	369
Talladega, 7,596—Talladega							
Citizens' Hospital	Gen	NPAssn	50	4	42	13	892
Troy, 6,814—Pike							
Beard Memorial Hospital	Gen	Part	35	3	24	10	612
Edge Hospital	Gen	Indiv	25	2	10	10	483
Tuscaloosa, 20,659—Tuscaloosa							
Bryce Hospital[9]	Ment	State	3,427	..	..	3,322	1,335
Druid City Hospital[9]	Gen	NPAssn	80	10	..	..	
Veterans Admin. Facility	Gen	Vet	346	..	..	309	2,389
Tuskegee, 3,514—Macon							
Veterans Admin. Facility (col.)	Gen	Vet	1,136	..	..	1,025	1,591
Tuskegee Institute, 526—Macon							
John A. Andrew Memorial Hospital (col.)[9]	Gen	NPAssn	90	8	42	55	1,954
York, 1,726—Sumter							
Hill Hospital	Gen	Indiv	10	2	7	2	154
Related Institutions							
Alabama City, 8,544—Etowah							
Etowah County Tuber. Sanat.	TB	County	25	..	..	25	10
Altoona, 1,048—Etowah							
Klein Hospital	Gen	Indiv	12	3	21	4	161
Birmingham, 259,678—Jefferson							
Alabama Boys' Industrial School	Inst	State	29	..	..	4	831
Children's Home Hospital (col.)	Gen	NPAssn	17	3	6	5	351
Miss Quinn's Nursing Home	Conv	Indiv	10	..	..	7	130
Salvation Army Home and Hospital	Mat	Church	50	30	91	35	108
Brewton, 7,515—Escambia							
Brewton Memorial Hospital	Gen	Indiv	20	2	..	3	...
Demopolis, 4,037—Marengo							
Hand-Bailey Hospital	Gen	Indiv	10	4	20	2	63
Dothan, 16,046—Houston							
Dr. H. S. Davis's Private Hospital	Gen	Indiv	50	6	..	17	...
East Tallassee, 2,040—Tallapoosa							
Community Hospital	Gen	NPAssn	19	2	8	7	356
Florala, 2,525—Covington							
Young Infirmary and Lakeview Hospital	Gen	Indiv	40	4	No data supplied		
Greenville, 3,985—Butler							
Stabler Infirmary	Gen	Indiv	20	4	28	8	372
Joe Wheeler Dam,—Lawrence							
Joe Wheeler Dam Infirmary	Indus	FedNPAssn	20	..	..	New	...
Monroeville, 1,335—Monroe							
Monroeville Infirmary	Gen	Indiv	15	1	1	2	115
Montevallo, 1,845—Shelby							
Peterson Hall	Inst	State	36	..	..	5	1,177
Montgomery, 66,079—Montgomery							
Eastern Star Hospital	Gen	Frat	20	..	..	12	210
Fraternal Hospital (col.)[9]	Gen	Indiv	35	10	..	18	721
Kilby Prison Hospital	Inst	State	50	..	..	40	939
Miriam Jackson Home	Inst	Church	25	..	..	5	632
Pell City, 885—St. Clair							
Pell City Infirmary	Gen	Indiv	9	1	13	4	146
Talladega, 7,596—Talladega							
Goodnow Hospital (col.)	Inst	NPAssn	20	1	1	1	50
Tuscaloosa, 20,659—Tuscaloosa							
Partlow State School	MeDe	State	625	..	..	601	103
Wetumpka, 2,357—Elmore							
State Convict Tuber. Hospital	TB	State	73	..	..	49	92

Summary for Alabama:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	63	10,784	8,370	88,904
Related institutions	23	1,236	877	7,201
Totals	86	12,020	9,247	96,105
Refused registration	5	162		

ARIZONA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Ajo, 3,850—Pima							
Phelps Dodge Hospital	Gen	NPAssn	30	5	53	6	264
Bisbee, 8,023—Cochise							
Copper Queen Hospital	Gen	NPAssn	35	6	72	14	557
Douglas, 9,826—Cochise							
Cochise County Hospital	Gen	County	45	4	43	40	786
Florence, 1,318—Pinal							
Pinal County Hospital	Gen	County	27	5	66	21	648
Ft. Defiance, 39—Apache							
Ft. Defiance Sanatorium	TB	I A	26	..	..	17	72
Southern Navajo General Hosp.	Gen	I A	82	6	49	77	1,834
Ft. Huachuca, 1,214—Cochise							
Station Hospital	Gen	Army	40	1	24	27	600
Ganado, 34—Apache							
Sage Memorial Hospital[9]	Gen	Church	60	15	54	64	1,260

ARIZONA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Globe, 7,157—Gila							
Gila County Hospital	Gen	County	50	5	44	40	585
Jerome, 4,937—Yavapai							
United Verde Hospital	Gen	Corp	52	4	41	25	889
Keams Canyon, 36—Navajo							
Hopi General Hospital	Gen	I A	36	4	35	30	866
Kingman, 2,650—Mohave							
Mohave General Hospital	Gen	County	30	6	64	14	436
Leupp, 58—Coconino							
Leupp Indian Hospital	Gen	I A	29	1	12	28	979
Mesa, 3,711—Maricopa							
South Side District Hospital	Gen	NPAssn	37	9	70	15	1,005
Morenci, 6,175—Greenlee							
Phelps-Dodge Hospital	Gen	NPAssn	18	3	8	3	152
Nogales, 6,026—Santa Cruz							
St. Joseph's Hospital	Gen	Church	16	3	27	7	240
Phoenix, 48,118—Maricopa							
Arizona State Hospital	Ment	State	925	..	..	873	433
Booker T. Washington Memorial Hospital (col.)	G&TB	Indiv	25	8	50	5	85
Good Samaritan Hospital[9]	Gen	Church	130	18	455	73	3,048
Phoenix Indian Hospital	Gen	I A	60	3	59	56	1,265
Phoenix Indian Sanatorium	TB	I A	150	..	..	135	214
Phoenix Sanatorium	TB	Indiv	80	..	..	10	25
St. Joseph's Hospital[9]	Gen	Church	175	15	600	119	5,782
St. Luke's Home	TB	Church	75	..	..	22	63
Safford, 5,517—Yavapai							
Mercy Hospital	Gen	Church	29	7	64	16	553
Pamsetgeal Sanatorium	TB	Indiv	30	..	..	12	50
St. Luke's in the Mountains	Unit of St. Luke's Home, Phoenix						
Ray, 5,458—Pinal							
Ray Hospital	Gen	Corp	20	4	16	8	236
Sanford, 315—Pinal							
Pima Indian Hospital	Gen	I A	38	6	64	35	817
Safford, 1,709—Graham							
Morris-Squibb Hospital	Gen	NPAssn	20	3	8	6	199
San Carlos, 109—Gila							
San Carlos Indian Hospital	Gen	I A	20	5	28	16	478
Sells, 61—Pima							
Indian Oasis Hospital	Gen	I A	50	10	53	42	586
Superior, 2,525—Pinal							
Magma Hospital	Gen	Corp	15	4	2	3	103
Tempe, 2,406—Maricopa							
Welfare Sanatorium	TB	State	110	..	..	87	230
Tuba City, 109—Coconino							
Western Navajo Hospital	Gen	I A	45	6	16	38	1,056
Tucson, 32,506—Pima							
Anson Best Home	TB	Part	22	..	..	16	28
Barfield Sanatorium	TB	Indiv	22	..	..	11	41
Desert Sanatorium and Institute of Research	Gen	NPAssn	80	..	..	43	200
St. Luke's in-the-Desert Sanitarium	TB	Church	35	..	..	30	38
St. Mary's Hospital and Sanatorium[9]	G&TB	Church	150	15	179	106	2,646
San Xavier Indian Sanatorium	TB	I A	33	..	..	34	41
Southern Methodist Hospital and Sanatorium	G&TB	Church	75	12	55	54	1,150
Southern Pacific Sanatorium	TB	NPAssn	82	..	..	45	53
Veterans Admin. Facility	G&TB	Vet	358	..	..	257	600
Whipple, —Yavapai							
Veterans Admin. Facility	G&TB	Vet	600	..	..	305	1,302
Whiteriver, 52—Navajo							
Ft. Apache Agency Hospital	Gen	I A	46	4	25	30	1,066
Winslow, 3,917—Navajo							
Winslow Sanatorium	TB	I A	45	..	..	34	...
Yuma, 4,862—Yuma							
Ft. Yuma Indian Hospital	Gen	I A	32	4	16	12	284
Yuma County General Hospital	Gen	County	50	6	No data supplied		
Related Institutions							
Chin Lee, 65—Apache							
Chin Lee General Hospital	Gen	I A	14	3	14	25	592
Flagstaff, 3,561—Coconino							
Mercy Hospital	Gen	Indiv	17	4	27	9	340
Kayenta, 15—Navajo							
Kayenta Sanatorium	Gen	I A	52	4	..	44	580
McNary, 114—Apache							
McNary Hospital	Indus	NPAssn	9	..	..	1	52
Parker, 475—Yuma							
Colorado River Indian Agency Hospital	Gen	I A	36	4	28	20	322
Phoenix, 48,118—Maricopa							
Helen Lee Sanatorium	TB	Indiv	9	..	..	7	15
Prescott, 5,517—Yavapai							
Yavapai County Hospital	InstGen	County	78	6	70	61	343
Tucson, 32,506—Pima							
Arizona State Elks Association Hospital	TB	Frat	36	..	..	14	30
Comstock Children's Hospital	TB	NPAssn	30	..	..	23	52
La Casa del Encanto	Conv	Indiv	6	..	..	4	6
Pima County Hospital	TB	County	43	..	..	40	112
Reardon Sanatorium	TB	Indiv	17	..	..	10	20
Valentine, 108—Mohave							
Truxton Canon Indian Hosp.	Gen	I A	11	..	8	9	330
Williams, 2,166—Coconino							
Williams Hospital	Gen	Indiv	10	1	9	1	65

Summary for Arizona:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	48	4,250	3,047	33,156
Related institutions	14	351	265	2,843
Totals	62	4,601	3,312	35,999
Refused registration	3	61		

Key to symbols and abbreviations is on page 798

ARKANSAS

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Alexander, 141—Pulaski							
McRae Memorial Sanatorium (col.)	TB	State	32	..	..	31	42
Arkadelphia, 3,380—Clark							
Townsend Hospital	Gen	Indiv	16	4	14	4	138
Batesville, 4,484—Independence							
Dr. Gray's Infirmary	Gen	Indiv	14	..	10	5	279
Johnston and Craig Hospital	Gen	Part	15	1	6	4	204
Bauxite, 2,200—Saline							
Republic Mining and Manufacturing Company Hospital	Indus	NPAssn	20	1	..	4	...
Benton, 3,445—Saline							
Blakely's Sanitarium	Gen	Indiv	16	2	26	6	204
Blytheville, 10,098—Mississippi							
Blytheville Hospital	Gen	City	45	8	No data supplied		
Camden, 7,273—Ouachita							
Camden Hospital	Gen	NPAssn	25	10	120	9	780
Charleston, 851—Franklin							
Bollinger Hospital	Gen	Indiv	15	..	15	2	95
Clarksville, 3,031—Johnson							
Johnson County Hospital	Gen	Corp	18	1	5	3	170
Conway, 5,534—Faulkner							
Faulkner County Hospital	Gen	Part	20	4	18	8	388
Crossett, 2,811—Ashley							
Crossett Hospital	Gen	Corp	25	6	39	15	365
DeQueen, 2,938—Sevier							
Archer Hospital	Gen	Indiv	18	2	8	7	162
El Dorado, 16,421—Union							
Henry C. Rosamond Memorial Hospital	Gen	Part	25	10	30	12	782
Warner Brown Hospital◊	Gen	Church	75	6	..	51	...
Fayetteville, 7,394—Washington							
Fayetteville City Hospital	Gen	City	45	6	101	21	1,142
Veterans Admin. Facility	Gen	Vet	258	..	..	197	2,346
Ft. Smith, 31,429—Sebastian							
St. Edward's Mercy Hospital◊	Gen	Church	100	15	137	55	2,278
Sparks' Memorial Hospital	Gen	NPAssn	110	10	89	31	1,715
Helena, 8,316—Phillips							
Helena Hospital	Gen	NPAssn	38	6	74	16	661
Hope, 6,008—Hempstead							
Josephine Hospital	Gen	Indiv	22	3	25	5	243
Julia Chester Hospital	Gen	CyCo	20	4	26	8	300
Hot Springs National Park, 20,238—Garland							
Army and Navy General Hosp.	Gen	Fed	518	2	10	352	3,371
Leo N. Levi Memorial Hosp.◊	Gen	Frat	70	5	36	61	704
Ozark Sanatorium	Gen	Corp	60	4	23	..	285
St. Joseph's Hospital◊	Gen	Church	150	6	51	72	1,897
Jonesboro, 10,326—Craighead							
St. Bernard's Hospital◊	Gen	Church	100	8	110	54	1,923
Lake Village, 1,582—Chicot							
Lake Village Infirmary	Gen	Part	33	3	38	10	717
Little Rock, 81,679—Pulaski							
Arkansas Children's Home and Hospital	Chil	NPAssn	50	..	..	33	641
Baptist State Hospital*◊	Gen	Church	300	15	233	80	2,173
Granite Mountain Hospital	Gen	Indiv	20	2	20	5	182
Little Rock City Hospital*	Gen	City	160	12	66	53	1,612
Missouri Pacific Hospital	Indus	NPAssn	125	..	..	30	1,241
St. Vincent's Infirmary*◊	Gen	Church	135	15	305	86	3,518
State Hospital	Ment	State	3,826	..	16	3,704	2,328
Monticello, 3,076—Drew							
Mack Wilson Hospital	Gen	NPAssn	30	..	32	8	450
Morrilton, 4,063—Conway							
St. Anthony's Hospital	Gen	Church	16	2	12	10	202
North Little Rock, 19,418—Pulaski							
Veterans Admin. Facility	Ment	Vet	820	..	..	871	315
Paragould, 5,966—Greene							
Dickson Memorial Sanitarium	Gen	Corp	25	3	12	6	150
Paris, 3,234—Logan							
Dr. Jewell's Infirmary	Gen	Indiv	18	2	..	5	...
Pine Bluff, 20,760—Jefferson							
Davis Hospital	Gen	Church	50	6	73	19	802
Prescott, 3,033—Nevada							
Cora Donnell Hospital	Gen	Indiv	38	2	32	18	516
Russellville, 5,628—Pope							
St. Mary's Hospital	Gen	Indiv	55	6	48	35	1,200
Searcy, 3,387—White							
Wakenight Sanitarium	Gen	Indiv	23	1	14	10	578
Siloam Springs, 2,378—Benton							
Siloam Springs City Hospital	Gen	City	10	2	..	4	...
State Sanatorium,—Logan							
Arkansas Tuberculosis Sanat.	TB	State	550	..	..	520	949
Texarkana, 10,764—Miller							
Michael Meagher Memorial Hospital◊	Gen	Church	50	10	72	40	1,164
St. Louis Southwestern Hosp.	Indus	NPAssn	150	..	..	27	1,202

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Alexander, 141—Pulaski							
Salasco Sanitarium School	MeDe	Indiv	10	..	..	5	...
De Queen, 2,938—Sevier							
Childress Hospital	Gen	Indiv	15	1	..	6	...
Ft. Smith, 31,429—Sebastian							
Sebastian County Hospital	Inst	County	80	..	..	70	80
Hot Springs National Park, 20,238—Garland							
Camp Garraday Hospital	Gen	StaFed	60	6	..	New	...
Woodman of Union Hospital (col.)	Gen	Frat	30	..	No data supplied		
Little Rock, 81,679—Pulaski							
Arkansas Confederate Home	Inst	State	144	..	..	143	...
Arkansas School for the Blind	Inst	State	16	..	..	2	50
Florence Crittenton Home	Mat	NPAssn	28	16	32	17	36
Pulaski County Hospital	Gen	County	200	6	56	175	950
United Friends Hosp. (col.)	Gen	Frat	25	1	2	..	...

ARKANSAS—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Magnolia, 3,008—Columbia							
Magnolia Sanitarium	Gen	Part	15	..	37	5	...
Newport, 4,547—Jackson							
Dr. Gray's Sanitarium	Gen	Indiv	8	2	6	3	115
Pine Bluff, 20,760—Jefferson							
United Links Hospital (col.)	Gen	Indiv	13	..	No data supplied		
Rogers, 3,554—Benton							
Home Hospital	Gen	Indiv	8	2	11	2	82
Russellville, 5,628—Pope							
Haney Eye, Ear, Nose and Throat Hospital	ENT	Indiv	10	..	..	..	400
Searcy, 3,387—White							
Harrison Hospital	Gen	Indiv	12	3	10	3	230
Taylor, 283—Columbia							
Bertie Lee Horn Sanatorium	Gen	Indiv	15	..	..	4	...
Texarkana, 10,764—Miller							
Jamison Sanitarium (col.)	Gen	Indiv	16	2	No data supplied		
Tucker, 219—Jefferson							
Arkansas State Penitentiary Hospital	Inst	State	20	..	..	14	800

Summary for Arkansas:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	48	8,290	6,552	62,159
Related institutions	17	653	463	4,132
Totals	65	8,943	7,015	66,291
Refused registration	11	306		

CALIFORNIA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Agnew, 316—Santa Clara							
Agnews State Hospital	Ment	State	3,100	..	..	3,230	983
Ahwahnee, 25—Madera							
Ahwahnee Tri-County Tuberculosis Sanatorium	TB	County	118	..	..	101	109
Alameda, 35,033—Alameda							
Alameda Sanatorium on the South Shore	Gen	Corp	85	22	191	34	1,542
Albany, 8,569—Alameda							
Humboldt Hospital	Gen	Part	28	10	200	15	667
Alhambra, 29,472—Los Angeles							
Alhambra Hospital	Gen	Corp	50	12	174	22	883
Angel Island, 406—Marin							
Station Hospital	Gen	Army	70	..	..	23	1,168
Antioch, 3,563—Contra Costa							
Antioch Hospital	Gen	Indiv	15	4	60	5	411
Arcata, 1,709—Humboldt							
Trinity Hospital	Gen	Church	20	4	32	7	300
Arlington, 1,550—Riverside							
Riverside County Hospital	G&TB	County	325	11	216	291	3,654
Artesia, 3,891—Los Angeles							
Artesia Hospital	Gen	Indiv	20	4	88	11	456
Auberry, 183—Fresno							
Wish-i-ah Sanatorium	TB	County	66	..	..	70	72
Bakersfield, 26,015—Kern							
Bakersfield Emergency Hosp.	Gen	Indiv	25	3	..	4	...
Kern General Hospital	Gen	County	400	24	523	308	5,080
Mercy Hospital	Gen	Church	75	20	142	30	1,346
San Joaquin Hospital	Gen	Corp	35	6	45	23	1,065
Banning, 2,752—Riverside							
Banning Hospital and Sanat.	G&TB	Indiv	25	1	12	4	68
Southern Sierras Sanatorium	TB	Indiv	35	..	..	19	47
Bell, 7,884—Los Angeles							
Bell Mission Hospital	Gen	Corp	28	14	292	..	604
Belmont, 984—San Mateo							
Alexander Sanitarium	N&M	Corp	56	..	..	37	64
California Sanatorium	TB	Corp	100	..	..	90	250
Twin Pines Sanitarium	N&M	Corp	20	..	..	18	40
Berkeley, 82,109—Alameda							
Alta Bates Hospital	Gen	Corp	100	36	430	54	2,285
Berkeley General Hospital	Gen	NPAssn	100	12	201	33	1,411
E. V. Cowell Memorial Hosp.	Gen	State	100	..	..	35	1,714
Brawley, 10,439—Imperial							
Brawley Community Hospital	Gen	Indiv	15	3	..	8	...
Burbank, 16,662—Los Angeles							
Burbank Hospital	Gen	Indiv	36	5	85	14	528
Calistoga, 1,000—Napa							
Silverado Sanatorium	TB	Indiv	60	..	..	36	59
Carmel, 2,260—Monterey							
Peninsula Community Hospital	Gen	NPAssn	25	7	71	13	629
Chico, 7,961—Butte							
Enloe Hospital	Gen	Indiv	32	6	108	17	846
Colfax, 912—Placer							
Bushnell Sanatorium	Unit of Colfax School for the Tuberculous						
Colfax Hospital	Unit of Colfax School for the Tuberculous						
Colfax School for the Tuberculous	TB	Indiv	96	..	..	30	63
Housekeeping Cottage Colony	Unit of Colfax School for the Tuberculous						
Colusa, 2,116—Colusa							
Colusa Memorial Hospital	Gen	County	25	8	59	14	403
Compton, 12,516—Los Angeles							
Compton Sanitarium♦	N&M	Corp	155	..	..	55	345
Las Campanas Hospital	Gen	Corp	30	6	166	11	511
Covina, 2,774—Los Angeles							
Covina Hospital	Gen	Part	40	8	115	17	808
Crescent City, 1,720—Del Norte							
Knapp Hospital	Gen	NPAssn	16	5	28	6	230

Key to symbols and abbreviations is on page 798

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CALIFORNIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Culver City, 5,669—Los Angeles							
University Hospital	Gen	Corp	50	17	51	8	295
Duarte, 620—Los Angeles							
Los Angeles Sanatorium	TB	NPAssn	153	..	..	151	132
Dunsmuir, 2,610—Siskiyou							
Dunsmuir Hospital and Sanit.	Gen	Corp	17	4	15	7	385
El Centro, 8,434—Imperial							
La Solana Hospital	Gen	Indiv	20	8	No data supplied		
El Monte, 3,479—Los Angeles							
Ruth Home	Mat	NPAssn	135	15	20	20	208
Eureka, 15,752—Humboldt							
General Hospital	Gen	Part	42	8	75	18	749
Humboldt County Hospital	Gen	County	312	13	162	269	1,553
Humboldt County School for the Tuberculous	TB	County	65	..	..	48	92
St. Joseph Hospital	Gen	Church	63	12	125	31	1,272
Ft. Bidwell, 402—Modoc							
Ft. Bidwell Hospital	G&TB	I A	38	1	1	29	86
Ft. Bragg, 3,022—Mendocino							
Redwood Coast Hospital	Gen	Corp	25	5	67	7	281
French Camp, 246—San Joaquin							
San Joaquin General Hospital°	Gen	County	550	24	634	500	7,889
Fresno, 52,513—Fresno							
Burnett Sanitarium°	Gen	Corp	112	13	314	71	2,993
Fresno County General Hospital*◆°	Gen	County	500	20	650	465	6,478
St. Agnes Hospital	Gen	Church	70	13	285	40	1,304
Fullerton, 10,860—Orange							
Fullerton Hospital	Gen	Church	25	6	54	8	282
Gilroy, 3,502—Santa Clara							
Wheeler Hospital	Gen	NPAssn	28	7	57	9	512
Glendale, 62,736—Los Angeles							
Glendale Sanitarium and Hospital*°	Gen	Church	220	24	270	124	2,732
Physicians and Surgeons Hosp.	Gen	Corp	65	18	306	39	1,243
Grass Valley, 3,817—Nevada							
W. C. Jones Memorial Hosp.	Gen	Corp	20	4	30	20	424
Hanford, 7,028—Kings							
Hanford Sanitarium	Gen	Corp	25	5	68	10	440
Kings County Hospital	Gen	County	100	11	92	115	994
Sacred Heart Hospital	Gen	Church	18	6	40	13	290
Hayward, 5,530—Alameda							
Hayward Hospital	Gen	Indiv	18	6	61	8	447
Healdsburg, 2,296—Sonoma							
Healdsburg General Hospital	Gen	Corp	14	6	35	3	219
Hollister, 3,757—San Benito							
Hazel Hawkins Memorial Hosp.	Gen	NPAssn	15	4	1	3	97
Hoopa, 20—Humboldt							
Hoopa Valley Indian Hospital	Gen	I A	36	5	26	16	375
Huntington Park, 24,591—Los Angeles							
Mission Hospital	Gen	Corp	31	10	238	25	1,009
Imola,—Napa							
Napa State Hospital	Ment	State	3,465	..	..	3,375	886
Indio, 1,875—Riverside							
Coachella Valley Hospital	Gen	Indiv	20	4	75	10	708
Inglewood, 19,480—Los Angeles							
Centinela Hospital	Gen	Indiv	24	10	145	14	545
Keene, 164—Kern							
Stony Brook Retreat	TB	County	100	..	..	100	109
King City, 1,483—Monterey							
Community Hospital	Gen	Indiv	14	2	13	4	158
La Crescenta, 1,510—Los Angeles							
Hillcrest Sanatorium	TB	NPAssn	65	..	..	43	139
La Vina,—Los Angeles							
La Vina Sanatorium	TB	NPAssn	70	..	..	55	88
Lindsay, 3,878—Tulare							
Lindsay Hospital	Gen	Indiv	10	2	35	5	290
Livermore, 3,119—Alameda							
Arroyo Sanatorium◆©	TB	County	187	..	..	179	227
Livermore Sanitarium	N&M	Corp	114	..	..	82	148
St. Paul's Hospital	Gen	Indiv	15	3	36	5	100
Veterans Admin. Facility	G&TB	Vet	312	..	..	279	537
Lodi, 6,788—San Joaquin							
Dr. Buchanan's Sanitarium	Gen	Indiv	15	5	45	5	298
Mason Hospital	Gen	Indiv	16	5	22	6	303
Loma Linda, 2,500—San Bernardino							
Loma Linda Sanitarium and Hospital*°	Gen	Church	112	12	279	80	2,345
Long Beach, 142,032—Los Angeles							
Harriman Jones Clinic and Hospital	Gen	Indiv	42	6	46	15	616
Long Beach Community Hosp.	Gen	NPAssn	100	20	371	68	2,483
St. Mary's Long Beach Hosp.	Gen	Church	23	7	118	20	730
Seaside Hospital°	Gen	Corp	235	48	855	109	6,402
Los Angeles, 1,238,048—Los Angeles							
Barlow Sanatorium◆©	TB	NPAssn	100	..	..	86	95
California Babies Hospital◆	Chil	NPAssn	40	10	25	6	412
California Hospital*	Gen	Church	279	28	725	190	6,893
Cedars of Lebanon Hospital*◆	Gen	NPAssn	248	40	1,004	229	7,060
Children's Hospital◆©	Chil	NPAssn	180	..	..	129	3,718
Ex-Patients Home of the Jewish Consumptive Relief Association	TB	NPAssn	65	..	..	55	...
Eye and Ear Hospital	ENT	Corp	21	..	..	9	2,153
French Hospital	Gen	NPAssn	80	20	174	21	939
Golden State Hospital◆	Gen	Indiv	69	3	13	21	596
Hollywood Hospital*	Gen	Corp	215	60	786	143	5,304
Hospital of the Good Samaritan°	Gen	Church	380	45	452	255	7,619
Japanese Hospital	Gen	Corp	39	6	83	19	943
Lincoln Hospital	Gen	NPAssn	25	8	148	12	678
Los Angeles County Hosp.*◆°	Gen	County	3,266	144	3,947	2,287	49,837
Los Angeles County Psychopathic Hospital	Unit of Los Angeles County Hospital						
Los Angeles Sanitarium	Gen	Indiv	35	..	..	24	135

CALIFORNIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Maternity Cottage	Mat	NPAssn	28	30	216	6	216
Methodist Hospital of Southern California	Gen	Church	137	40	722	79	3,482
Orthopaedic Hospital-School◆	Orth	NPAssn	85	..	..	60	1,904
Pahl Hospital	Gen	Indiv	15	3	64	11	506
Queen of Angels Hospital°	Gen	Church	188	35	608	151	5,388
St. Vincent's Hospital*°	Gen	Church	200	50	488	118	4,111
Santa Fe Coast Lines Hosp.*	Indus	NPAssn	150	..	..	97	1,996
Southwest General Hospital	Gen	Indiv	24	8	180	18	709
Terry Sanitarium-Hospital	Gen	Corp	14	2	No data supplied		
White Memorial Hospital*◆°	Gen	Church	102	18	201	85	3,457
Los Gatos, 3,168—Santa Clara							
Oak's Sanitarium	TB	Indiv	60	..	..	26	57
Madera, 4,665—Madera							
Madera County Hospital	Gen	County	50	5	84	38	771
Madera Sanitarium	Gen	Indiv	20	5	51	7	375
Manor,—Marin							
Arequipa Sanatorium	TB	NPAssn	45	..	..	41	128
March Field,—Riverside							
Station Hospital	Gen	Army	90	4	24	40	408
Mare Island, 410—Solano							
U. S. Naval Hospital	Gen	Navy	534	..	..	305	2,030
Martinez, 6,569—Contra Costa							
Contra Costa County Hospital	Gen	County	235	12	155	200	2,193
Martinez Community Hospital	Gen	Corp	30	6	85	12	767
Marysville, 5,763—Yuba							
Rideout Memorial Hospital	Gen	Indiv	26	9	63	12	677
McCloud, 2,650—Siskiyou							
McCloud Hospital	Gen	Corp	32	4	38	6	322
Merced, 7,066—Merced							
Mercy Hospital	Gen	Indiv	30	5	129	23	1,123
Modesto, 13,842—Stanislaus							
McPheeters Hospital	Gen	Indiv	33	6	86	23	917
Robertson Hospital	Gen	Indiv	35	8	126	18	959
St. Mary's Hospital	Gen	Church	21	8	114	11	620
Stanislaus County Hospital	Gen	County	209	17	157	195	2,383
Monrovia, 10,890—Los Angeles							
Norumbega Sanatorium	TB	Indiv	15	..	..	8	24
Pottenger Sanatorium and Clinic◆	TB	Corp	120	..	..	61	143
Monterey, 9,141—Monterey							
Monterey Hospital	Gen	NPAssn	100	6	44	13	517
Station Hospital	Gen	Army	60	2	40	41	1,339
Monterey Park, 6,406—Los Angeles							
Garfield Hospital	Gen	NPAssn	32	8	142	16	694
Murphy, 563—Calaveras							
Bret Harte Sanatorium	TB	County	180	..	..	134	172
Napa, 6,437—Napa							
Victory Hospital	Gen	Corp	26	6	..	9	...
National City, 7,301—San Diego							
Elwyn Hospital	Gen	Part	12	..	..	2	122
Paradise Valley Sanitarium and Hospital°	Gen	Church	100	16	192	45	1,379
Newman, 1,209—Stanislaus							
Newman Hospital	Gen	Indiv	11	3	29	6	326
Norwalk, 1,517—Los Angeles							
Norwalk State Hospital	Ment	State	2,441	..	..	2,429	942
Oakland, 284,063—Alameda							
Alameda County Hospital*°	Gen	County	350	22	846	315	10,866
Children's Hospital of the East Bay◆	Chil	NPAssn	65	..	..	24	1,928
East Oakland Hospital	Gen	Corp	70	24	698	51	2,670
Peralta Hospital	Gen	Corp	143	30	750	93	4,480
Providence Hospital°	Gen	Church	212	30	464	74	3,320
Samuel Merritt Hospital°	Gen	NPAssn	150	18	471	110	4,662
Olive View,—Los Angeles							
Olive View Sanatorium	TB	County	1,020	..	..	948	586
Orange, 8,066—Orange							
Orange County Hospital*°	Gen	County	341	13	285	249	2,782
St. Joseph Hospital°	Gen	Church	100	20	339	42	1,849
Oxnard, 6,285—Ventura							
St. John's Hospital	Gen	Church	50	12	95	10	383
Pacoima, 1,012—Los Angeles							
Independent Order of Foresters California Tuberculosis Sanitarium	TB	Frat	120	..	..	30	75
Palo Alto, 13,652—Santa Clara							
Palo Alto Hospital	Gen	NPAssn	76	14	210	46	2,618
Veterans Admin. Facility	Ment	Vet	1,000	..	..	902	285
Pasadena, 76,086—Los Angeles							
Las Encinas Sanitarium	Gen	Corp	82	..	..	63	270
Pasadena Hospital*°	Gen	NPAssn	186	24	300	94	3,753
St. Luke's Hospital	Gen	Church	75	18	389	58	1,726
Woman's Hospital	Mat	NPAssn	14	14	230	6	239
Patton, 215—San Bernardino							
Patton State Hospital	Ment	State	2,660	..	..	3,800	1,263
Placerville, 2,322—Eldorado							
Placerville Sanatorium	Gen	Part	21	6	34	8	288
Pomona, 20,804—Los Angeles							
Pomona Valley Community Hospital	Gen	NPAssn	82	21	131	23	1,001
Portola, 1,012—Plumas							
Western Pacific Railway Hosp.	Gen	NPAssn	30	5	60	20	407
Red Bluff, 3,517—Tehama							
St. Elizabeth's Mercy Hospital	Gen	Church	25	5	39	20	750
Tehama County Hospital	Gen	County	50	2	30	47	480
Redding, 4,188—Shasta							
St. Caroline Sanitarium	Gen	NPAssn	22	3	..	7	...
Redwood City, 8,962—San Mateo							
Canyon Sanatorium	TB	Indiv	75	..	..	32	55
Hassler Health Home	TB	CyCo	81	..	..	80	96
Richmond, 20,093—Contra Costa							
Richmond Cottage Hospital	Gen	Part	44	10	206	29	1,318
Riverside, 29,696—Riverside							
Riverside Community Hospital	Gen	NPAssn	54	18	254	36	1,376
Sherman Institute Hospital	Gen	I A	58	..	..	6	351

Key to symbols and abbreviations is on page 798

CALIFORNIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Rosemead, 2,717—Los Angeles							
Alhambra Sanatorium	N&M	Indiv	12	..	..	7	49
Ross, 1,355—Marin							
Ross General Hospital	Gen	Corp	62	8	103	39	929
Sacramento, 93,750—Sacramento							
Mercy Hospital◇	Gen	Church	137	27	334	70	2,853
Sacramento County Hospital◇◇	Gen	County	450	24	637	371	7,270
Sutter Hospital	Gen	NPAssn	200	30	664	122	6,021
Salinas, 10,263—Monterey							
Park Lane Hospital	Gen	Indiv	28	9	..	5	....
Salinas Valley Hospital	Gen	Part	23	9	158	12	1,825
San Bernardino, 37,681—San Bernardino							
St. Bernardine's Hospital	Gen	Church	125	12	137	98	937
San Bernardino County Charity Hospital◇◇◇	Gen	County	310	18	322	202	2,801
San Diego, 147,995—San Diego							
Good Samaritan Hospital	Gen	Indiv	16	9	136	7	272
Hoffman Memorial Hospital	Gen	Corp	75	18	202	36	1,312
Mercy Hospital◇	Gen	Church	200	40	1,127	183	6,013
San Diego County General Hospital◇◇◇	Gen	County	640	32	735	397	7,853
Scripps Memorial Hospital	Gen	NPAssn	44	6	38	21	624
Scripps Metabolic Clinic	Metab	NPAssn	28	..	..	17	712
U. S. Naval Hospital	Gen	Navy	1,000	..	..	610	7,020
San Fernando, 7,567—Los Angeles							
San Fernando Hospital	Gen	Part	12	5	25	6	212
Veterans Admin. Facility	TB	Vet	244	..	..	226	327
San Francisco, 634,394—San Francisco							
Chinese Hospital	Gen	NPAssn	70	10	46	30	471
Dante Sanatorium	Gen	NPAssn	127	10	40	84	1,629
Franklin Hospital◇	Gen	NPAssn	220	20	258	125	3,551
French Hospital◇◇	Gen	Frat	225	9	213	179	3,733
Greens' Eye Hospital	ENT	Part	20	..	..	14	940
Hospital for Children◇◇◇	Gen	NPAssn	215	44	597	110	3,695
Letterman General Hospital◇	Gen	Army	600	10	120	434	4,476
Mary's Help Hospital◇◇	Gen	Church	120	30	386	86	3,417
Mt. Zion Hospital◇◇◇	Gen	NPAssn	162	36	382	104	3,984
Park Sanitarium	N&M	Corp	28	..	..	18	622
St. Elizabeth's Infant Hosp.	Mat Chil	Church	25	16	35	9	45
St. Francis Hospital◇	Gen	Corp	300	65	568	158	6,013
St. Joseph's Hospital◇◇	Gen	Church	200	32	732	149	6,531
St. Luke's Hospital◇◇◇	Gen	Church	200	25	421	134	4,964
St. Mary's Hospital◇◇	Gen	Church	265	40	694	176	7,494
San Francisco Hospital◇◇◇	Gen	CyCo	1,300	55	662	966	11,280
Shriners Hospital for Crippled Children◇◇	Orth	Frat	60	..	..	60	234
Southern Pacific General Hospital◇	Indus	NPAssn	400	..	..	262	4,167
Stanford University Hospitals (Including Lane Hospital)◇◇◇	Gen	NPAssn	298	36	578	221	5,814
Sutter Hospital	Gen	Corp	60	12	83	41	3,173
U. S. Marine Hospital◇	Gen	USPHS	400	..	..	405	3,765
University of California Hospital◇◇◇	Gen	State	364	30	502	182	6,376
Veterans Admin. Facility	Gen	Vet	336	..	..	291	2,274
Sanitarium, 415—Napa							
St. Helena Sanitarium and Hospital◇◇	Gen	Church	140	6	76	68	1,783
San Jacinto, 1,346—Riverside							
Soboba Indian Hospital	Gen	I A	30	3	25	20	206
San Jose, 57,451—Santa Clara							
Alum Rock Sanatorium	TB	Corp	30	..	..	29	97
O'Connor Sanitarium◇	Gen	Church	104	28	373	67	1,898
San Jose Hospital	Gen	Corp	122	24	408	59	2,560
Santa Clara County Hosp.◇◇◇	Gen	County	449	25	639	391	5,254
Santa Clara County Sanat.	TB	County	100	..	..	91	116
San Leandro, 11,455—Alameda							
Fairmont Hospital of Alameda County◇◇	G&TB	County	900	..	..	887	1,660
San Luis Obispo, 8,578—San Luis Obispo							
Mountain View Hospital	Gen	Indiv	25	4	22	..	234
San Luis Obispo General Hosp.	Gen	County	79	8	146	45	1,631
San Luis Sanitarium	Gen	Indiv	30	5	22	8	356
San Mateo, 13,444—San Mateo							
Community Hospital of San Mateo County	Gen	County	192	10	142	142	2,105
Mills Memorial Hospital	Gen	Church	93	25	512	44	2,200
San Pedro,—Los Angeles							
San Pedro Hospital	Gen	Corp	88	22	421	60	2,012
Station Hospital	Gen	Army	31	..	2	29	997
U. S. Ship Relief	Gen	Navy	267	..	..	111	1,777
San Rafael, 8,022—Marin							
San Rafael Cottage Hospital	Gen	Indiv	35	15	146	21	900
Station Hospital	Gen	Army	25	4	..	10	673
Santa Barbara, 33,613—Santa Barbara							
St. Francis Hospital◇	Gen	Church	85	15	188	52	1,500
Santa Barbara Cottage Hospital◇◇	Gen	NPAssn	250	32	904	87	2,085
Santa Barbara General Hosp.◇	Gen	County	205	10	204	172	1,887
Santa Cruz, 14,395—Santa Cruz							
Hanly Hospital	Gen	Indiv	31	10	37	10	462
Santa Cruz County Hospital	G&TB	County	56	6	92	85	1,012
Santa Cruz Hospital	Gen	Corp	25	6	100	10	615
Santa Monica, 37,146—Los Angeles							
St. Catherine's Hospital	Gen	Corp	35	9	48	26	338
Santa Monica Hospital	Gen	Corp	94	12	401	65	3,349
Wilshire Hospital	Gen	Corp	31	10	125	12	405
Santa Rosa, 10,636—Sonoma							
Eliza Tanner Hospital	Gen	Indiv	18	4	60	6	402
General Hospital	Gen	Indiv	22	8	98	12	632
Scotia, 2,024—Humboldt							
Scotia Hospital	Gen	NPAssn	52	4	33	9	354
Selma, 3,047—Fresno							
Selma Sanitarium	Gen	Corp	14	3	76	7	622

CALIFORNIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Sonora, 2,278—Tuolumne							
Sonora Hospital	Gen	Indiv	25	3	31	12	581
South Gate, 19,622—Los Angeles							
Suburban Hospital	Gen	NPAssn	40	20	236	15	670
South Pasadena, 13,730—Los Angeles							
Pasadena Sanitarium	N&M	Indiv	100	..	..	90	....
South San Francisco, 6,193—San Mateo							
South San Francisco Hospital	Gen	Corp	30	5	36	10	368
Spadra, 30—Los Angeles							
Pacific Colony—State Narcotic Hospital	Me De Drug	State	802	..	..	755	183
Springville,—Tulare							
Tulare-Kings Counties Joint Tuberculosis Hospital	TB	County	101	..	..	82	118
Stockton, 47,963—San Joaquin							
Dameron Hospital	Gen	Corp	77	12	238	39	1,982
St. Joseph's Home and Hosp.◇	Gen	Church	125	20	263	41	1,863
Stockton State Hospital◇	Ment	State	3,000	..	..	3,160	1,011
Susanville, 1,258—Lassen							
Riverside Hospital	Gen	Indiv	25	5	58	6	458
Talmage, 29—Mendocino							
Mendocino State Hospital◇	Ment	State	2,750	..	..	2,600	868
Tehachapi, 736—Kern							
Tehachapi Valley Hospital	Gen	Part	15	3	31	6	221
Torrance, 7,271—Los Angeles							
Jared Sidney Torrance Memorial Hospital	Gen	NPAssn	35	12	169	15	338
Trona, 775—San Bernardino							
Trona Hospital	Gen	Corp	10	1	21	3	220
Tulare, 6,397—Tulare							
Belieview Hospital	Gen	Indiv	16	5	51	6	341
Tulare County General Hosp.	Gen	County	91	9	309	59	1,115
Tulare Hospital	Gen	Indiv	16	3	45	7	271
Turlock, 4,276—Stanislaus							
Emanuel Hospital	Gen	Church	40	8	93	16	608
Lillian Collins Hospital	Gen	Indiv	15	8	25	6	264
Ventura, 11,432—Ventura							
Foster Memorial Hospital	Gen	NPAssn	65	12	75	20	1,111
Ventura County Hospital	Gen	County	182	8	140	144	2,250
Vineburg, 164—Sonoma							
Burndale Hospital	Gen	Indiv	10	2	30	2	400
Visalia, 7,263—Tulare							
Kaweah Hospital	Gen	Corp	20	4	68	15	415
Watsonville, 5,344—Santa Cruz							
Watsonville Hospital	Gen	Indiv	23	5	136	13	773
Weed, 4,227—Siskiyou							
Weed Hospital	Gen	Indiv	24	4	38	7	357
Weimar, 32—Placer							
Weimar Joint Sanatorium	TB	County	473	..	..	463	280
West Los Angeles,—Los Angeles							
Veterans Admin. Facility	G&TB	Vet	1,232	..	..	961	4,451
Westwood, 4,863—Lassen							
Westwood Hospital	Gen	Indiv	30	9	102	10	350
Willits, 1,474—Mendocino							
Frank R. Howard Memorial Hospital	Gen	NPAssn	12	5	37	10	374
Woodland, 5,543—Yolo							
Woodland Clinic Hospital	Gen	Corp	60	10	98	29	1,208
Yosemite National Park, 300—Mariposa							
Lewis Memorial Hospital	Gen	Indiv	13	2	14	5	250
Yreka, 3,136—Siskiyou							
Siskiyou County General Hosp.	Gen	County	130	7	112	128	1,371
Yuba City, 2,605—Sutter							
Yuba City General Hospital	Gen	Indiv	12	3	69	10	495

Related Institutions

Alcatraz, 171—San Francisco							
U. S. Penitentiary Hospital	Inst	Fed	35	..	..	8	102
Alta Loma, 115—San Bernardino							
Our Lady of Lourdes Sanat.	TB	Indiv	25	..	..	10	18
Alturas, 2,338—Modoc							
Modoc County General Hosp.	Gen	County	18	1	9	11	332
Artesia, 2,501—Los Angeles							
Dr. Hansen's Sanitarium	N&M	Indiv	21	..	No data supplied		
Auburn, 2,861—Placer							
Highlands Sanitarium	Gen	Part	30	4	No data supplied		
Placer County Hospital	Gen	County	130	5	68	112	980
Azusa, 4,859—Los Angeles							
Rural Rest Home and Sanit.	Conv	NPAssn	51	..	..	45	95
Belmont, 984—San Mateo							
Chas. S. Howard Foundation	TB	NPAssn	30	..	..	17	35
Reed Sanitarium	N&M	Indiv	25	..	..	14	67
Berdoo Camp,—Riverside							
Berdoo Hospital	Indus	NPAssn	25	..	..	18	560
Berkeley, 82,109—Alameda							
California State Schools for the Deaf and Blind	Inst	State	22	..	..	6	302
Blythe, 1,020—Riverside							
Frank Luke Memorial Hospital	Gen	NPAssn	7	4	45	3	156
Chula Vista, 3,869—San Diego							
McNabb Hospital and Sanit.	Inst	NPAssn	40	..	No data supplied		
Claremont, 2,719—Los Angeles							
Claremont Colleges Infirmary	Inst	NPAssn	24	..	..	3	251
Colusa, 2,116—Colusa							
Colusa County Hospital	Inst	County	65	2	32	47	288
Corona, 7,018—Riverside							
Ray T. Williams Hospital	Gen	Indiv	10	4	30	4	160
Coronado, 5,425—San Diego							
Coronado Hospital	Gen	Indiv	12	5	58	5	270
Crescent City, 1,750—Del Norte							
Del Norte County Hospital	Gen	County	30	1	13	22	93
Decoto, 519—Alameda							
Masonic Home Hospital	Inst	Frat	50	..	..	45	....
Dinuba, 2,969—Tulare							
Dinuba Hospital	Gen	Indiv	10	4	..	2	....

Key to symbols and abbreviations is on page 798

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CALIFORNIA—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Eldridge, 16—Sonoma							
Sonoma State Home	MeDe	State	2,619	..	..	2,545	426
Eureka, 15,752—Humboldt							
Humboldt County Isolation Hospital	Iso	County	16	1	..	6	142
Fowler, 1,171—Fresno							
Fowler Sanitarium	Gen	Indiv	6	3	25	3	209
Glendale, 62,736—Los Angeles							
Villa Shaw Rest Home	N&M	Indiv	29	..	..	29	10
Hermosa Beach, 4,796—Los Angeles							
Hermosa-Redondo Hospital	Gen	Corp	17	7	17	7	255
Hollister, 3,757—San Benito							
San Benito County Hospital	Inst	County	50	2	3	37	51
Hondo,—Los Angeles							
Rancho Los Amigos, Psychiatric Unit	Ment	County	552	..	..	550	263
Inglewood, 19,480—Los Angeles							
St. Erne Sanitarium	N&M	Indiv	85	..	..	60	120
Keene, 164—Kern							
Kern County Preventorium	TB	County	44	..	..	42	47
Kingsburg, 1,322—Fresno							
Kingsburg Sanitarium	Gen	Indiv	8	2	29	3	173
La Crescenta, 1,510—Los Angeles							
Kimball Sanitarium	N&M	Part	24	..	..	19	43
La Mesa, 2,513—San Diego							
La Mesa Sanatorium	TB	Indiv	20	..	..	2	19
Lincoln, 2,094—Placer							
Joslin's Sanatorium	N&M	Indiv	15	..	..	7	10
Livermore, 3,119—Alameda							
Del Valle Preventorium	TB	County	85	..	..	84	174
Lone Pine, 300—Inyo							
Lone Pine Hospital	Gen	Indiv	7	4	19	3	124
Los Angeles, 1,238,048—Los Angeles							
Banksia Sanitarium	N&M	Corp	18	..	No data supplied		
Chase Diet Sanitarium	Conv	Indiv	22	..	..	11	144
Doughty Sanatorium	TB	Indiv	12	..	..	10	33
Florence Crittenton Home	Mat	NPAssn	30	20	54	21	58
Junior League Convalescent Home for Children	Conv	NPAssn	24	..	..	18	64
Juvenile Hall Hospital	GenVen	County	121	..	..	69	3,413
Las Palmas Rest Home	Nerv	Indiv	10	..	..	8	14
Los Angeles Smallpox Quarantine Hospital	Iso	City	90	..	..	1	3
Resthaven	N&M	NPAssn	40	..	..	22	125
St. Barnabas Rest Home for Men	Conv	Church	14	..	..	10	82
St. Vincent's Maternity Home	Mat	NPAssn	10	10	78	20	78
Salvation Army Women's Home and Hospital	Mat	Church	60	40	119	44	152
Los Banos, 1,875—Merced							
Los Banos Hospital	Gen	Indiv	14	4	28	6	300
Loyalton, 837—Sierra							
Sierra Valley Hospital	Gen	Indiv	8	1	15	2	100
Manteca, 1,614—San Joaquin							
Manteca Hospital	Gen	Indiv	8	4	12	2	119
Marysville, 5,763—Yuba							
Yuba County Hospital	Gen	County	97	5	57	84	550
Merced, 7,066—Merced							
Merced General Hospital	Gen	County	220	11	256	237	2,718
Monrovia, 10,890—Los Angeles							
Canyon Preventorium	TB	NPAssn	90	..	..	81	72
Maryknoll Sanatorium	TB	Church	22	..	..	3	15
Mountain View Rest Home	N&M	Indiv	45	..	..	41	14
Palm Grove Sanatorium	N&M	Part	40	..	..	25	16
Montebello, 5,498—Los Angeles							
Los Angeles Convalescent Home	Conv	NPAssn	42	..	..	30	705
Mountain View, 3,308—Santa Clara							
Mountain View Hospital and Sanitarium	Gen	Indiv	7	..	..	2	250
Nevada City, 1,701—Nevada							
Nevada City Sanitarium	Gen	Indiv	10	7	89	4	290
Nevada County Hospital	Gen	County	64	3	6	71	168
Oakland, 284,063—Alameda							
El Reposo Sanitarium	Conv	Indiv	20	..	..	16	150
Salvation Army Women's Home and Maternity Hospital	Mat	Church	63	35	125	51	169
Pacific Grove, 5,558—Monterey							
Bayview Hospital	Gen	Indiv	12	4	48	6	228
Pasadena, 76,086—Los Angeles							
El Nido, Pasadena Preventorium	Conv	NPAssn	40	..	..	40	67
Placerville, 2,322—Eldorado							
Eldorado County Hospital	Gen	County	60	2	3	45	88
Porterville, 5,303—Tulare							
Mt. Whitney Hospital	Gen	Indiv	8	2	18	1	62
Randsburg,—Kern							
Rand District Hospital	Gen	Indiv	10	3	104	8	412
Redding, 4,188—Shasta							
Shasta County Hospital	Gen	County	82	7	..	31	...
Represa, 30—Sacramento							
Folsom Prison Hospital	Inst	State	76	..	No data supplied		
Rosemead, 2,717—Los Angeles							
Rosemead Lodge	N&M	Indiv	56	..	..	33	391
Ross, 1,355—Marin							
The Cedars	MeDe	Part	36	..	..	34	7
Salinas, 10,263—Monterey							
Monterey County Hospital	Gen	County	120	6	143	101	1,523
San Andreas, 775—Calaveras							
San Andreas Hospital	Gen	Indiv	6	2	1	1	49
San Diego, 147,995—San Diego							
Carter Sanitarium	N&M	Indiv	8	..	..	5	57
Hillcrest Home	Conv	Indiv	22	..	..	17	39
Lane Sanitarium	Conv	Indiv	9	..	..	6	5
San Francisco, 634,394—San Francisco							
Garden Nursing Home	Inc	NPAssn	59	..	..	35	73
Greer Home	Conv	Corp	25	..	..	17	71
Laguna Honda Home Infirmary	Inst	CyCo	700	..	..	700	1,011
San Francisco Polyclinic	Gen	NPAssn	12	..	..	6	409
San Gabriel, 7,224—Los Angeles							
Baldy View Sanitarium	N&M	Part	75	..	..	65	59
Mission Lodge Sanitarium	N&M	Indiv	50	..	..	49	46
San Jose, 57,651—Santa Clara							
Beale Convalescent Home	N&M	Indiv	9	..	..	6	13
Sunnyholme Preventorium	TB	County	47	..	..	35	71
San Mateo, 13,444—San Mateo							
San Mateo Preventorium	TB	NPAssn	28	..	..	25	29
San Quentin, 328—Marin							
Charles L. Neumiller Hospital	Inst	State	250	..	..	125	1,701
San Rafael, 8,022—Marin							
Marin County Tuberculosis Hospital	TB	County	60	..	..	63	81
Santa Barbara, 33,613—Santa Barbara							
La Loma Feliz	CardCh	Indiv	12	..	..	12	6
Santa Monica, 37,146—Los Angeles							
Santa Monica Diet Home	Conv	Indiv	6	..	..	5	40
Santa Rosa, 10,636—Sonoma							
Sonoma County Hospital	Gen	County	140	10	146	145	1,285
Sonora, 2,278—Tuolumne							
Tuolumne County Hospital	Gen	County	33	4	39	29	479
Stanford University, 720—Santa Clara							
Stanford Convalescent Home	Chil	NPAssn	70	..	..	69	210
Suisun City, 905—Solano							
Solano County Hospital	GenInst	County	110	6	68	76	644
Sunland,—Los Angeles							
Sunland Sanatorium	TB	Corp	60	..	..	55	173
Tracy, 3,829—San Joaquin							
West Side Hospital	Gen	Indiv	10	2	50	4	230
Ventura, 11,432—Ventura							
Ventura School for Girls	Inst	State	40	..	..	..	404
Verdugo City, 5,000—Los Angeles							
Rockhaven Sanitarium	N&M	Indiv	100	..	..	72	77
Veterans Home,—Napa							
Veterans Home Hospital	Inst	State	246	..	..	160	671
Waterman,—Amador							
Preston School of Industry Hospital	Inst	State	45	..	..	10	1,485
Weaverville, 509—Trinity							
Trinity County Hospital	Inst	County	30	3	..	..	...
Willows, 2,024—Glenn							
Glenn County Hospital	Gen	County	50	1	No data supplied		
Wilmar, 5,005—Los Angeles							
Jean G. McCracken Home	N&M	NPAssn	48	..	..	29	160
Yuba City, 3,605—Sutter							
Sutter County Hospital	Gen	County	60	6	86	47	491

Summary for California:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	266	53,657	44,738	456,613
Related institutions	102	10,658	9,157	30,820
Totals	368	64,315	53,895	487,433
Refused registration	69	2,311		

COLORADO

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Alamosa, 5,107—Alamosa							
Lutheran Hospital	Gen	Church	20	5	34	13	687
Aspen, 705—Pitkin							
Citizens' Hospital	Gen	Indiv	25	2	6	7	67
Boulder, 11,223—Boulder							
Boulder-Colorado Sanitarium and Hospital*○	Gen	Church	101	6	53	35	1,222
Community Hospital	Gen	NPAssn	60	8	85	25	910
Brush, 2,312—Morgan							
Eben-Ezer Hospital	Gen	Church	24	8	..	13	527
Canon City, 5,938—Fremont							
Colorado Hospital	Gen	Indiv	26	5	32	13	309
Cheyenne Wells, 595—Cheyenne							
Cheyenne County Hospital	Gen	Indiv	10	3	15	4	201
Colorado Springs, 33,237—El Paso							
Beth-El General Hospital*○	Gen	Church	93	12	360	70	2,074
Colorado Springs Psychopathic Hospital	N&M	Part	150	..	..	104	185
Cragmor Sanatorium	TB	Corp	130	..	No data supplied		
Crestone Heights Sanitarium and Hospital	Gen	Indiv	21	6	34	6	225
Glockner Sanatorium and Hospital○	G&TB	Church	150	13	129	110	1,512
National Methodist Episcopal Sanatorium for Tuberculosis	TB	Church	77	..	..	43	58
St. Francis Hospital and Sanatorium*	G&TB	Church	145	9	171	84	918
Sunnyrest Sanatorium	TB	NPAssn	56	..	..	24	24
Union Printers Home and Tuberculosis Sanatorium♦	G&TB	NPAssn	288	..	..	57	42
Cortez, 921—Montezuma							
Johnson Hospital	Gen	Indiv	12	1	36	7	439
Cripple Creek, 1,427—Teller							
Cripple Creek Hospital	Gen	NPAssn	24	6	31	12	292
Del Norte, 1,410—Rio Grande							
St. Joseph's Hospital and Sanatorium	Gen	Church	25	6	54	16	416

Key to symbols and abbreviations is on page 798

COLORADO—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Delta, 2,938—Delta							
Western Slope Memorial Hosp.	Gen	NPAssn	11	3	27	5	180
Denver, 287,861—Denver							
Bethesda Sanatorium	TB	Church	68	..	..	29	40
Beth Israel Hospital	Gen	NPAssn	55	10	49	28	962
Childrens Hospital♦○	Chil	NPAssn	250	28	..	114	3,047
Colorado General Hospital*♦○	Gen	State	162	18	372	133	3,178
Colorado Psychopathic Hospital♦◎	Ment	State	78	..	..	73	806
Denver General Hospital*♦○	Gen	CyCo	539	50	726	344	17,815
Ex-Patients' Tubercular Home	TB	NPAssn	80	..	..	48	21
Fitzsimons General Hospital*	G&TB	Army	1,185	8	50	814	5,227
Mercy Hospital*○	Gen	Church	225	25	459	148	4,809
Mt. Airy Sanitarium	N&M	Corp	60	..	..	40	491
National Jewish Hospital♦	TB	NPAssn	230	..	..	245	193
Porter Sanitarium and Hosp.	Gen	Church	100	20	189	41	1,081
Presbyterian Hospital*○	Gen	Church	150	25	489	85	3,837
St. Anthony's Hospital*○	Gen	Church	182	30	491	90	2,692
St. Joseph's Hospital*○	Gen	Church	235	25	414	134	4,546
St. Luke's Hospital*○	Gen	Church	219	30	539	143	5,945
Sands House	TB	NPAssn	48	..	..	38	34
Steele Memorial Hospital	Iso	CyCo	85	..	..	48	1,160
Durango, 5,400—LaPlata							
Mercy Hospital○	Gen	Church	45	8	83	29	1,322
Edgewater, 1,473—Jefferson							
Craig Colony	TB	NPAssn	51	..	..	40	30
Englewood, 7,980—Arapahoe							
Swedish National Sanatorium	TB	NPAssn	90	..	..	50	77
Fairplay, 221—Park							
Fairplay Hospital	Gen	Part	14	2	15	9	856
Ft. Logan, 1,525—Arapahoe							
Station Hospital	Gen	Army	70	..	..	30	1,562
Ft. Lyon, 26—Bent							
Veterans Admin. Facility	Ment	Vet	690	..	..	510	330
Ft. Morgan, 4,423—Morgan							
Ft. Morgan Hospital	Gen	Indiv	25	6	60	10	474
Glenwood Springs, 1,825—Garfield							
Dr. Porter's Hospital	Gen	Indiv	15	3	22	8	400
Grand Junction, 10,247—Mesa							
St. Mary's Hospital○	Gen	Church	65	12	76	35	1,050
Greeley, 12,203—Weld							
Greeley Hospital	Gen	County	88	12	235	63	2,399
Haxtun, 1,027—Phillips							
McKnight Hospital	Gen	Part	18	6	56	10	644
Hayden, 554—Routt							
Solandt Memorial Hospital	Gen	NPAssn	12	4	18	3	126
Holyoke, 1,226—Phillips							
Holyoke Hospital	Gen	Indiv	10	2	11	6	214
Ignacio, 464—La Plata							
Edward T. Taylor Hospital	Gen	I A	38	4	12	26	708
LaJunta, 7,193—Otero							
A. T. & S. F. Railroad Hosp.	Indus	NPAssn	36	..	..	19	378
Mennonite Hospital and Sanitarium○	G&TB	Church	70	10	109	38	912
Lamar, 4,233—Prowers							
Charles Maxwell Hospital	Gen	Corp	75	5	42	30	718
Leadville, 3,771—Lake							
St. Vincent Hospital	Gen	Church	26	3	16	12	327
Longmont, 6,029—Boulder							
Longmont Hospital	Gen	Indiv	22	7	44	14	562
Montrose, 3,566—Montrose							
Montrose Hospital	Gen	Indiv	12	3	30	6	300
St. Luke's Hospital	Gen	Indiv	12	2	34	7	308
Oak Creek, 1,211—Routt							
Oak Creek Hospital	Gen	Indiv	10	3	15	5	406
Red Cross Hospital	Gen	Indiv	10	2	7	4	144
Ouray, 707—Ouray							
Bates Hospital and Sanitarium	Gen	Indiv	25	3	7	6	428
Pueblo, 50,096—Pueblo							
Colorado State Hospital	Ment	State	3,322	..	..	3,182	631
Corwin Hospital○	Gen	NPAssn	219	16	183	80	2,004
Parkview Hospital	Gen	NPAssn	96	8	124	53	1,109
St. Mary Hospital*○	Gen	Church	162	12	191	75	2,443
Woodcroft Hospital	N&M	Corp	130	..	..	58	168
Rocky Ford, 3,426—Otero							
Physicians Hospital	Gen	NPAssn	10	3	67	8	485
Salida, 5,065—Chaffee							
Denver and Rio Grande Western Railroad Hospital	Gen	NPAssn	78	6	28	37	1,119
Red Cross Hospital	Gen	Corp	40	2	15	16	421
Spivak, 500—Jefferson							
Sanatorium of the Jewish Consumptives' Relief Society♦	TB	NPAssn	300	..	..	194	140
Steamboat Springs, 1,198—Routt							
Steamboat Springs Hospital	Gen	Indiv	10	4	..	2	...
Sterling, 7,195—Logan							
St. Benedict Hospital	Gen	Church	35	6	67	13	591
Towaoc, 60—Montezuma							
Ute Mountain Indian Hospital	Gen	I A	24	4	15	12	289
Trinidad, 11,732—Las Animas							
Mt. San Rafael Hospital○	Gen	Church	80	12	125	48	1,226
Walsenburg, 5,503—Huerfano							
Lamme Brothers Hospital	Gen	Part	20	3	11	7	344
Wheat Ridge, 1,030—Jefferson							
Evangelical Lutheran Sanit.	TB	Church	125	..	..	55	44
Woodmen, 400—El Paso							
Modern Woodmen of America Sanatorium	TB	Frat	250	..	..	105	178

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Boulder, 11,223—Boulder							
Boulder County Hospital	Gen	County	40	6	58	35	307
Mesa Vista Sanatorium	TB	Indiv	30	..	..	17	19
Burlington, 1,280—Kit Carson							
Burlington Hospital	Gen	Indiv	8	2	17	5	267
Canon City, 5,938—Fremont							
Colorado State Penitentiary Hospital	Inst	State	40	..	..	26	1,044
Collbran, 341—Mesa							
Plateau Valley Congregation Hospital	Gen	Church	8	4	11	3	148
Colorado Springs, 33,237—El Paso							
Black Forest Sanitarium	TB	Fed	30	..	..	30	150
Myron Stratton Home and Hospital	Inst	NPAssn	16	..	..	16	80
Denver, 287,861—Denver							
Costello Home	TB	Frat	16	..	..	10	5
Oakes Home Sanitarium	TB	Church	100	..	..	30	120
St. Francis Sanatorium	TB	Church	14	..	..	9	33
Salvation Army Woman's Home and Hospital	Mat	Church	38	19	71	30	127
Englewood, 7,980—Arapahoe							
Temple Sanatorium	TBConv	Indiv	31	..	..	25	235
Fruita, 1,053—Mesa							
Fruita Community Hospital	Gen	Indiv	8	2	5	2	106
Golden, 2,426—Jefferson							
Hospital—State Industrial School for Boys	Inst	State	22	..	..	6	439
Grand Junction, 10,247—Mesa							
State Home and Training School for Mental Defectives	MeDe	State	300	..	..	292	21
Greeley, 12,203—Weld							
Island Grove County Hosp.	Inst-Iso	County	66	..	..	63	157
Homelake, 225—Rio Grande							
Colorado State Soldiers' and Sailors' Home	Inst	State	39	..	..	20	79
Las Animas, 2,517—Bent							
Blackwill Hospital	Gen	Indiv	10	3	13	2	98
Longmont, 6,029—Boulder							
St. Vrain Hospital	Gen	Indiv	12	4	25	5	204
Loveland, 5,506—Larimer							
Loveland Hospital and Clinic	Gen	Part	10	4	23	5	227
Namaqua Hospital	Gen	NPAssn	14	4	15	3	160
Monte Vista, 2,610—Rio Grande							
Monte Vista Hospital	Gen	Part	12	4	29	6	238
Ridge, 207—Jefferson							
State Home and Training School for Mental Defectives	MeDe	State	200	..	..	196	10
Seibert, 273—Kit Carson							
Seibert Hospital	Gen	Indiv	6	2	2	2	90
Windsor, 1,832—Weld							
Bartz Memorial Hospital	Gen	Indiv	7	2	8	2	75
Yuma, 1,380—Yuma							
Lutheran Deaconess Hospital	Gen	Church	9	3	22	6	155

Summary for Colorado:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	78	11,933	9,638	88,085
Related institutions	27	1,077	812	4,649
Totals	105	13,010	10,450	92,734
Refused registration	22	471		

CONNECTICUT

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Bridgeport, 146,716—Fairfield							
Bridgeport Hospital*○	Gen	NPAssn	326	74	1,414	317	9,752
Englewood Hospital	Tbls	City	150	..	..	55	673
St. Vincent's Hospital*○	Gen	Church	227	35	755	180	4,952
Bristol, 28,451—Hartford							
Bristol Hospital	Gen	NPAssn	84	21	351	67	2,361
Canaan, 565—Litchfield							
Robert C. Geer Memorial Hosp.	Gen	NPAssn	24	6	64	6	333
Cromwell, 2,814—Middlesex							
Cromwell Hall	Gen	Corp	33	..	..	16	78
Danbury, 22,261—Fairfield							
Danbury Hospital*○	Gen	NPAssn	112	23	361	74	2,751
Derby, 10,788—New Haven							
Griffin Hospital○	Gen	NPAssn	82	19	326	58	1,580
Greens Farms, 275—Fairfield							
Hall-Brooke Sanitarium	N&M	Corp	85	..	..	66	160
Greenwich, 5,981—Fairfield							
"Blythewood"	N&M	Corp	66	..	..	50	103
Greenwich Hospital○	Gen	NPAssn	101	24	301	81	2,633
Hartford, 164,072—Hartford							
Cedarcrest Sanatorium	TB	State	287	..	..	276	220
Hartford Hospital*○	Gen	NPAssn	711	69	1,867	505	12,956
Mt. Sinai Hospital	Gen	NPAssn	65	10	175	48	1,483
Municipal Hospitals*♦	GenIs	City	300	28	351	216	5,000
Neuro-Psychiatric Institute of the Hartford Retreat♦	N&M	NPAssn	250	..	..	238	475
St. Francis Hospital*○	Gen	Church	450	75	1,129	291	7,923
Wildwood Sanatorium	TB	NPAssn	50	..	..	32	58
Manchester, 5,700—Hartford							
Manchester Memorial Hospital	Gen	NPAssn	55	11	234	55	1,667
Meriden, 38,481—New Haven							
Meriden Hospital*○	Gen	NPAssn	118	18	437	86	2,122
Undercliff, Meriden State Tuberculosis Sanatorium♦	TB	State	252	..	..	224	133
Middletown, 24,554—Middlesex							
Connecticut State Hospital♦○	Ment	State	3,164	..	..	3,095	826
Middlesex Hospital*○	Gen	NPAssn	135	35	452	104	2,918

Key to symbols and abbreviations is on page 798

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CONNECTICUT—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Milford, 12,660—New Haven							
Milford Hospital	Gen	NPAssn	50	15	83	29	737
New Britain, 68,128—Hartford							
New Britain General Hosp.*◇	Gen	NPAssn	208	40	736	133	3,872
New Haven, 162,655—New Haven							
Dr. J. H. Evans' Private Hosp.	Gen	Indiv	7	4	8	3	76
Grace Hospital*◇	Gen	NPAssn	227	40	787	183	6,554
Hospital of St. Raphael*◇....	Gen	Church	222	28	721	183	4,803
New Haven Hospital*♦◇......	Gen	NPAssn	469	42	748	345	7,968
Newington, 4,572—Hartford							
Newington Home for Crippled Children	Orth	NPAssn	200	..	..	194	112
Veterans Admin. Facility......	Gen	Vet	286	..	..	224	1,853
New London, 29,640—New London							
Home Memorial Hospital.....	Gen	NPAssn	48	12	141	31	793
Lawrence and Memorial Associated Hospitals*◇	Gen	NPAssn	198	36	507	128	2,851
Dr. Lena's Surgical Hospital.	Surg	Indiv	26	..	..	16	787
New Milford, 4,700—Litchfield							
New Milford Hospital.........	Gen	NPAssn	30	10	72	13	808
Newtown, 482—Fairfield							
Fairfield State Hospital.......	Ment	State	500	..	..	481	865
Norwalk, 36,019—Fairfield							
Norwalk General Hospital*◇..	Gen	NPAssn	142	22	530	90	2,891
Norwich, 23,021—New London							
Norwich State Hospital.......	Ment	State	3,108	..	..	2,809	1,206
Norwich State Tuberculosis Sanatorium (Uncas-on-Thames)♦	TB	State	404	..	..	388	327
William W. Backus Hospital*◇	Gen	NPAssn	125	25	387	76	2,263
Putnam, 7,318—Windham							
Day Kimball Hospital.........	Gen	NPAssn	76	10	168	54	1,415
Rockville, 7,445—Tolland							
Rockville City Hospital........	Gen	NPAssn	35	10	86	14	367
Sharon, 1,710—Litchfield							
Sharon Hospital	Gen	NPAssn	40	12	144	17	625
Shelton, 10,113—Fairfield							
Laurel Heights State Tuberculosis Sanatorium	TB	State	350	..	..	338	258
South Norwalk, 8,968—Fairfield							
Dr. Wadsworth's Sanitarium..	N&M	Indiv	35	..	..	16	20
Stafford Springs, 3,402—Tolland							
Cyril and Julia C. Johnson Memorial Hospital	Gen	NPAssn	25	12	151	23	501
Stamford, 46,346—Fairfield							
Dr. Barnes Sanitarium........	N&M	Corp	60	..	..	35	103
Stamford Hall	N&M	Corp	200	..	..	137	137
Stamford Hospital*◇	Gen	NPAssn	224	42	602	122	3,904
Tophassee Grange	N&M	Corp	28	..	..	13	18
Thompsonville, 8,725—Hartford							
Elmcroft—Dr. Vail's Sanat....	N&M	Corp	30	..	..	6	...
Torrington, 26,040—Litchfield							
Charlotte Hungerford Hospital	Gen	NPAssn	130	20	354	69	1,908
Wallingford, 11,170—New Haven							
Gaylord Farm Sanatorium....	TB	NPAssn	144	..	..	142	199
Waterbury, 99,902—New Haven							
St. Mary's Hospital*◇.........	Gen	Church	220	44	849	187	7,925
Waterbury Hospital*◇	Gen	NPAssn	321	36	704	174	4,092
Waterford, 4,742—New London							
The Seaside	TB	State	175	..	..	101	39
West Haven, 25,808—New Haven							
William Wirt Winchester Hosp.	TB	NPAssn	60	..	..	40	149
Westport, 6,073—Fairfield							
Westport Sanitarium	N&M	Corp	100	..	..	64	152
Willimantic, 12,102—Windham							
Windham Community Memorial Hospital	Gen	NPAssn	79	12	190	42	1,364
Winsted, 7,883—Litchfield							
Litchfield County Hospital....	Gen	NPAssn	64	11	129	30	907
Related Institutions							
Bridgeport, 146,716—Fairfield							
Hillside Home and Hospital..	G-N&M	City	280	..	..	266	1,605
Cheshire, 3,263—New Haven							
Connecticut Reformatory	Inst	State	28	..	..	6	100
Essex, 2,777—Middlesex							
Pettipaug Lodge and Sanit..	Conv	Indiv	20	..	..	10	22
Greenwich, 5,981—Fairfield							
Dr. Bowman's Sanatorium....	Conv	Indiv	15	..	..	5	3
Crest View Sanitarium........	N&M	Corp	22	..	..	13	8
Municipal Hospital	Tbls	City	61	..	..	33	190
Hamden, 5,000—New Haven							
Children's Community Center of the New Haven Orphan Asylum	Inst	NPAssn	34	..	..	25	264
Mansfield Depot, 306—Tolland							
Mansfield State Training School and Hospital........	MeDe	State	1,200	..	..	1,184	46
Meriden, 38,481—New Haven							
Connecticut School for Boys.	Inst	State	28	..	..	8	840
Middletown, 24,554—Middlesex							
Long Lane Farm..............	Inst	State	21	..	..	11	71
New Canaan, 2,372—Fairfield							
Silver Hill	Nerv	Corp	15	..	..	15	120
New Haven, 162,655—New Haven							
Jewish Home for the Aged....	Inst	NPAssn	91	..	..	91	25
Springside Home and Hospital	Inst	City	70	..	No data supplied		
Yale Infirmary	Inst	NPAssn	30	..	..	10	682
Niantic, 1,697—New London							
Connecticut State Farm for Women	Inst	State	60	70	65	60	184
Noroton Heights, 700—Fairfield							
Soldiers Hospital	Inst	State	124	..	..	112	1,529

CONNECTICUT—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Springdale, 663—Fairfield							
Nestledown Home	Conv	Indiv	24	..	..	24	19
Stratford, 19,212—Fairfield							
Sunnyside Sanitarium	Conv	Indiv	15	..	..	10	68
West Hartford, 24,941—Hartford							
St. Agnes Home................	Mat	Church	11	12	64	2	60
West Haven, 25,808—New Haven							
West Haven Convalescent Home	Conv	Indiv	7	..	..	7	7
Wethersfield, 7,512—Hartford							
Connecticut State Prison Hosp.	Inst	State	45	..	..	15	224
Woodmont, 531—New Haven							
Woodmont Hall	Conv	Corp	18	..	..	..	...

Summary for Connecticut:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums....	60	15,669	13,032	120,509
Related institutions...........	22	2,215	1,981	6,007
Totals..........................	82	17,884	15,013	126,516
Refused registration...........	2	51		

DELAWARE

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Dover, 4,800—Kent							
Kent General Hospital........	Gen	NPAssn	41	8	111	23	908
Farnhurst, 332—New Castle							
Delaware State Hospital♦◇....	Ment	State	1,082	..	..	909	370
Ft. Dupont (Delaware City P.O.)—New Castle							
Station Hospital	Gen	Army	28	..	..	7	221
Lewes, 1,923—Sussex							
Beebe Hospital◇	Gen	Corp	57	7	57	26	723
Marshallton, 630—New Castle							
Brandywine Sanatorium	TB	State	120	..	..	112	61
Edgewood Sanatorium (col.).	TB	State	40	..	..	39	39
Milford, 3,719—Sussex							
Milford Emergency Hospital◇.	Gen	NPAssn	42	6	97	27	989
Wilmington, 106,597—New Castle							
Delaware Hospital*◇	Gen	NPAssn	180	24	480	132	4,286
Homoeopathic Hospital*◇	Gen	NPAssn	165	30	578	119	3,976
St. Francis Hospital◇	Gen	Church	75	12	240	48	1,646
Wilmington General Hospital*◇	Gen	NPAssn	85	18	401	74	2,314
Related Institutions							
Marshallton, 630—New Castle							
Sunnybrook Cottage	TB	NPAssn	22	..	..	20	30
Stockley, 138—Sussex							
Delaware Colony	MeDe	State	435	..	..	352	31
Wilmington, 106,597—New Castle							
Gross Private Hospital.......	Gen	Corp	16	6	28	6	308

Summary for Delaware:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums....	11	1,924	1,594	15,312
Related institutions...........	3	418	366	410
Totals..........................	14	2,342	1,960	15,722
Refused registration...........	0			

DISTRICT OF COLUMBIA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Washington, 486,869							
Carson's Private Hosp. (col.)	Gen	Indiv	15	4	10	9	225
Central Dispensary and Emergency Hospital*♦◇	Gen	NPAssn	270	..	..	222	7,728
Chevy Chase Sanatorium.....	N&M	Indiv	20	..	..	18	37
Children's Hospital♦◇	Chil	NPAssn	200	..	..	141	4,703
Children's Tuberculosis Sanat. (Glen Dale, Md. P.O.).........	TB	City	142	..	..	114	146
Columbia Hospital for Women and Lying-In Asylum♦.......	Mat	NPAssn	127	81	1,840	96	3,380
District of Columbia Reformatory Hospital	Inst	City	50	..	..	16	700
Eastern Dispensary and Casualty Hospital	Gen	NPAssn	150	25	25	45	2,066
Episcopal Eye, Ear and Throat Hospital♦	ENT	Church	100	..	..	72	6,528
Freedmen's Hospital (col.)*♦◇	Gen	Fed	322	54	799	239	5,084
Gallinger Municipal Hosp.*♦◇	Gen	City	1,135	86	1,781	761	15,662
Garfield Memorial Hospital*♦◇	Gen	NPAssn	268	43	807	191	5,894
Georgetown University Hosp.*◇	Gen	NPAssn	210	51	507	135	4,773
George Washington University Hospital*	Gen	NPAssn	92	18	480	84	2,425
National Homeopathic Hosp..	Gen	NPAssn	60	20	262	43	1,443
Providence Hospital*◇	Gen	Church	231	30	499	147	4,470
St. Elizabeths Hospital*◇.....	Gen	Fed	446	4	2	355	1,408
St. Elizabeths Hospital♦◇.....	Ment	Fed	5,445	..	..	5,302	844
Sibley Memorial Hospital*◇...	Gen	Church	235	75	1,773	206	6,969
Tuberculosis Hospital	TB	City	220	..	..	172	251

Key to symbols and abbreviations is on page 798

DISTRICT OF COLUMBIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
U. S. Naval Hospital	Gen	Navy	328	..	..	174	1,548
Veterans Admin. Facility	Gen	Vet	340	..	..	322	2,717
Walter Reed General Hospital[a]	Gen	Army	1,243	13	183	978	7,894
Washington Sanitarium and Hospital[c,o]	Gen	Church	170	12	220	110	2,135
Related Institutions							
Washington, 486,869							
Children's Summer Health Camp	TB	NPAssn	150	..	No data supplied		
District Training School, (Laurel, Md. P.O.)	MeDe	City	516	..	..	498	65
Florence Crittenton Home	Mat	NPAssn	10	10	44	3	93
Home for the Aged and Infirm	Inst	City	141	..	..	85	169
Kendall House Sanitarium	Conv	Indiv	22	..	..	12	76
National Training School for Boys Hospital	Inst	Fed	30	..	..	13	1,092
U. S. Soldiers' Home Hospital	Gen	Army	300	..	..	279	1,389
Washington Home for Incurables	Inst	NPAssn	160	..	..	160	166

Summary for Dist. of Columbia:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	24	11,795	9,894	88,630
Related institutions	8	1,473	1,110	3,268
Totals	32	13,268	11,004	91,898
Refused registration	0			

FLORIDA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Arcadia, 4,082—De Soto							
Arcadia General Hospital	Gen	NPAssn	25	3	No data supplied		
Bartow, 5,269—Polk							
Bartow General Hospital	Gen	Indiv	21	4	40	9	560
Polk County Hospital	Gen	County	56	5	76	51	889
Bay Pines,—Pinellas							
Veterans Admin. Facility	Gen	Vet	197	..	..	179	1,897
Bradenton, 5,066—Manatee							
Bradenton General Hospital	Gen	Indiv	15	5	24	7	252
Century, 1,525—Escambia							
Turberville Hospital	Gen	Part	30	4	21	12	541
Chattahoochee, 456—Gadsden							
Florida State Hospital[o]	Ment	State	4,125	..	..	3,972	660
Clearwater, 7,607—Pinellas						*	
Morton F. Plant Hospital	Gen	NPAssn	35	10	83	12	476
Coral Gables, 5,607—Dade							
University Hospital	Gen	Corp	35	12	116	15	730
Dade City, 1,811—Pasco							
Jackson Memorial Hospital	Gen	County	12	2	11	5	100
Daytona Beach, 16,356—Volusia							
Halifax District Hospital	Gen	NPAssn	125	..	120	28	883
Halifax District Hospital (Colored Annex)	Gen	NPAssn	18	3	4	7	189
De Land, 5,246—Volusia							
De Land Memorial Hospital	Gen	NPAssn	26	11	41	4	423
Ft. Barrancas, 30—Escambia							
Station Hospital	Gen	Army	50	..	..	35	528
Ft. Lauderdale, 8,626—Broward							
Memorial Hospital	Gen	Corp	35	7	112	13	815
Ft. Myers, 9,092—Lee							
Lee Memorial Hospital	Gen	NPAssn	25	4	46	15	720
Gainesville, 10,465—Alachua							
Alachua County Hospital	Gen	County	65	10	121	27	973
Jacksonville, 129,549—Duval							
Brewster Hospital (col.)[o]	Gen	Church	65	10	140	20	664
Duval County Hospital[a]	Gen	County	185	15	287	167	3,537
Dr. Randolph's Sanitarium	N&M	Indiv	12	..	..	7	49
Riverside Hospital[o]	Gen	NPAssn	40	6	48	23	562
St. Luke's Hospital[o]	Gen	NPAssn	153	22	301	78	2,028
St. Vincent's Hospital[o]	Gen	Church	200	40	328	80	3,674
Key West, 12,831—Monroe							
U. S. Marine Hospital	Gen	USPHS	65	..	..	44	414
Lake City, 4,416—Columbia							
Lake Shore Hospital	Gen	Corp	15	5	23	7	366
Veterans Admin. Facility	Gen	Vet	300	..	..	269	1,622
Lakeland, 16,544—Polk							
Morrell Memorial Hospital	Gen	City	81	16	93	29	1,151
Lake Wales, 3,401—Polk							
Lake Wales Hospital	Gen	NPAssn	25	6	22	5	168
Manatee, 3,219—Manatee							
Riverside Hospital	Gen	Indiv	20	4	25	6	450
Marianna, 3,372—Jackson							
Baltzell Hospital	Gen	Indiv	12	2	7	4	202
Melbourne, 2,677—Brevard							
Brevard Hospital	Gen	NPAssn	15	2	10	10	187
Miami, 110,637—Dade							
Dade County Hospital	Gen	County	125	12	136	67	2,126
James M. Jackson Memorial Hospital[o]	Gen	City	320	30	627	266	9,252
Miami Retreat	N&M	Indiv	55	..	..	14	182
Miami Riverside Hospital	Gen	Indiv	57	9	96	14	690
Victoria Hospital	Gen	Corp	75	15	355	35	1,665
Miami Beach, 6,404—Dade							
St. Francis Hospital	Gen	Church	100	6	74	42	1,327
Miami Springs,—Dade							
Miami Battle Creek Sanitarium	Gen	NPAssn	75	..	..	35	237

FLORIDA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Orala, 7,281—Marion							
Munroe Memorial Hospital[o]	Gen	CyCo	85	10	74	30	880
Orlando, 27,330—Orange							
Florida Sanit. and Hospital[o]	Gen	Church	112	12	105	50	1,229
Orange General Hospital[o]	Gen	NPAssn	140	20	224	55	2,318
Panama City, 5,402—Bay							
Panama City Hospital	Gen	NPAssn	10	3	64	5	315
Whitfield Hospital	Gen	Part	22	2	14	4	320
Pensacola, 31,579—Escambia							
Pensacola Hospital[o]	Gen	Church	116	17	382	55	2,456
U. S. Naval Hospital	Gen	Navy	142	..	..	56	797
Quincy, 3,788—Gadsden							
Gadsden County Hospital	Gen	NPAssn	22	2	16	10	378
St. Augustine, 12,112—St. Johns							
East Coast Hospital	Gen	NPAssn	55	5	74	35	1,220
Flagler Hospital	Gen	NPAssn	65	7	123	52	700
St. Petersburg, 60,425—Pinellas							
City Hospital (Mercy Hospital—col.)	Gen	City	25	3	8	7	253
City Hospital (Mound Park Hospital)[o]	Gen	City	68	14	281	56	3,571
St. Anthony's Hospital	Gen	Church	50	10	64	17	709
Sanford, 10,168—Seminole							
Fernald-Laughton Memorial Hospital	Gen	NPAssn	20	6	63	9	500
Sarasota, 9,295—Sarasota							
Joseph Halton Hospital	Gen	Indiv	10	5	12	5	242
Sarasota Hospital	Gen	CyCo	65	12	58	35	635
Sebring, 2,912—Highlands							
Sebring General Hospital	Gen	Indiv	10	2	10	3	213
Dr. Weems' Hospital	Gen	Indiv	13	3	No data supplied		
Tallahassee, 10,700—Leon							
Johnston's Sanitarium	Gen	Indiv	28	6	50	9	547
Tampa, 101,161—Hillsborough							
Centro Asturiano Hospital	Gen	Frat	70	7	80	53	991
Dr. H. M. Cook's Hospital	Gen	Indiv	28	5	116	16	872
St. Joseph's Hospital	Gen	Church	63	12	71	39	530
Tampa Municipal Hospital[o]	Gen	City	170	25	567	131	7,021
Tampa Negro Hospital	Gen	City	25	1	No data supplied		
Umatilla, 907—Lake							
Harry-Anna Memorial Home for Crippled Children	Orth	Frat	50	..	..	36	151
Lake County Medical Center	Gen	NPAssn	27	6	56	13	549
West Palm Beach, 26,616—Palm Beach							
Good Samaritan Hospital[o]	Gen	NPAssn	99	14	199	46	1,685
Pine Ridge Hospital (col.)	Gen	NPAssn	26	2	9	17	392
Related Institutions							
Daytona Beach, 16,356—Volusia							
Daytona Beach Sanitarium	Gen	Indiv	10	2	7	1	60
Gainesville, 10,465—Alachua							
Florida Farm Colony for Epileptic and Feebleminded	MeDe	State	518	..	..	510	64
University of Florida Infirmary	Inst	State	45	..	..	9	875
Homestead, 2,319—Dade							
Post Graduate Hospital	Gen	Part	10	4	..	2	..
Jacksonville, 129,549—Duval							
Hope Haven	Orth	NPAssn	21	..	..	20	114
Kissimmee, 3,163—Osceola							
Osceola Hospital	Gen	Indiv	16	3	17	12	436
Largo, 1,629—Pinellas							
Pinellas County Home	TB	County	18	..	..	15	..
Leesburg, 4,113—Lake							
Theresa Holland Hospital	Gen	Indiv	18	4	63	8	440
Miami, 110,637—Dade							
Christian Hospital (col.)	Gen	NPAssn	25	4	72	12	541
Edgewater Hospital	Gen	Indiv	28	6	60	16	..
Orange Park, 661—Clay							
Mosshaven Hospital	Inst	Frat	25	..	..	14	98
Palatka, 6,359—Putnam							
Glendale Hospital	Gen	Indiv	20	4	36	10	327
Mary Lawson Sanatorium (col.)	Gen	Indiv	25	6	10	4	90
Palatka General Hospital	Gen	Part	38	4	..	4	..
Raiford, 400—Union							
Florida State Farm Hospital	Inst	State	40	..	..	20	700
St. Petersburg, 60,425—Pinellas							
American Legion Hospital for Crippled Children	Orth	NPAssn	40	..	..	15	143
Earle Restorium	Conv	Indiv	25	..	..	15	95
Florence Crittenton Home	Mat	NPAssn	18	16	17	2	36
Stuart, 1,924—Martin							
St. Lucie Sanitarium	Gen	County	10	3	17	7	166
Tallahassee, 10,700—Leon							
Florida Agricultural and Mechanical College Hosp. (col.)	Gen	Inst	State	43	2	11	17	574
Tampa, 101,161—Hillsborough							
Hillsboro County Tuberculosis Sanatorium	TB	County	80	..	..	76	93
Mills Hospital	N&M	Indiv	10	..	..	..	..
Pine Heath Home for Tubercular Children	Chil	NPAssn	24	..	..	18	31
Tampa Sanitarium	Gen	Indiv	10	..	No data supplied		
Vero Beach, 2,388—Indian River							
Indian River Hospital	Gen	Indiv	15	5	16	4	76

Summary for Florida:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	64	5,374	6,402	72,066
Related institutions	25	1,108	900	5,251
Totals	89	6,482	7,302	77,317
Refused registration	14	588		

Key to symbols and abbreviations is on page 798

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GEORGIA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Albany, 14,507—Dougherty							
Phoebe Putney Memorial Hosp.	Gen	NPAssn	44	5	96	18	923
Alto, 219—Habersham							
State Tuberculosis Sanatorium	TB	State	339	..	..	308	943
Americus, 8,760—Sumter							
Americus and Sumter County Hospital	Gen	CyCo	20	2	18	5	283
Athens, 18,192—Clarke							
Athens General Hospital	Gen	County	55	10	56	24	908
Fairburn Tuberculosis Sanat.	TB	NPAssn	36	..	..	39	43
St. Mary's Hospital	Gen	Corp	35	4	No data supplied		
Atlanta, 300,691—Fulton							
Albert Steiner Clinic for Cancer and Allied Diseases*	Ca	City	30	..	..	27	490
Battle Hill Sanatorium	TB	CyCo	200	..	..	200	..
Blackman Sanatorium	Gen	Indiv	25	..	..	15	300
Crawford W. Long Memorial Hospital	Gen	NPAssn	142	12	622	65	3,144
Georgia Baptist Hospital*◇	Gen	Church	164	29	728	118	5,578
Grady Hospital*◇◇	Gen	City	330	50	1,482	242	10,661
Grady Hospital, Emory University Division (col.)*◇◇	Gen	City	250	30	1,575	198	7,159
Henrietta Egleston Hospital for Children*	Chil	NPAssn	50	2	..	28	862
Piedmont Hospital*◇	Gen	Corp	120	15	220	73	2,486
St. Joseph Infirmary*	Gen	Church	120	15	247	85	2,333
Veterans Admin. Facility	Gen	Vet	200	..	..	189	3,117
Augusta, 65,342—Richmond							
University Hospital*◇◇	Gen	City	300	22	620	305	6,660
Veterans Admin. Facility	Ment	Vet	1,020	..	..	1,008	643
Wilkenford Hospital for Women and Children	Gen	NPAssn	66	4	23	14	889
Bainbridge, 6,141—Decatur							
Bainbridge Hospital	Surg	Indiv	32	1	..	19	618
Riverside Hospital	Gen	Part	30	4	32	12	412
Brunswick, 14,022—Glynn							
Brunswick City Hospital	Gen	CyCo	75	6	65	20	575
Cairo, 5,189—Grady							
Cairo Hospital	Gen	Indiv	20	4	27	5	354
Canton, 2,592—Cherokee							
Cokers' Hospital	Gen	Part	25	2	29	10	605
Cedartown, 8,184—Polk							
Hall-Chandron Hospital	Gen	Indiv	8	2	10	2	92
Columbus, 43,131—Muscogee							
Columbus City Hospital*	Gen	CyCo	250	12	225	73	3,585
Cuthbert, 3,235—Randolph							
Patterson Hospital	Gen	Indiv	28	4	22	11	537
Dalton, 8,180—Whitfield							
Hamilton Memorial Hospital	Gen	NPAssn	30	4	25	9	317
Decatur, 13,276—De Kalb							
Scottish Rite Hospital for Crippled Children	Orth	Frat	60	..	..	46	267
Donalsonville, 1,185—Seminole							
Chason's Hospital	Gen	Part	30	10	50	10	280
Douglas, 4,206—Coffee							
Douglas Hospital	Gen	NPAssn	21	2	..	New	...
Dublin, 6,681—Laurens							
Claxton Sanitarium	Gen	Indiv	38	3	20	19	1,811
Hicks Hospital	Gen	Indiv	30	1	10	10	408
The Clinic	Gen	Part	25	3	20	11	496
Eastman, 5,022—Dodge							
Coleman Sanatorium	Gen	Indiv	28	4	11	9	378
Elberton, 4,650—Elbert							
Elbert County Hospital	Gen	CyCo	15	5	12	5	342
Emory University,—De Kalb							
Emory University Hospital*◇◇	Gen	NPAssn	225	16	327	85	3,463
Fitzgerald, 6,412—Ben Hill							
Fitzgerald Hospital	Gen	Corp	30	4	No data supplied		
Ft. Benning,—Chattahoochee							
Station Hospital	Gen	Army	353	9	109	176	4,316
Ft. McPherson, 130—Fulton							
Station Hospital	Gen	Army	210	4	22	129	1,676
Ft. Oglethorpe, 1,185—Catoosa							
Station Hospital	Gen	Army	202	..	..	130	2,396
Ft. Screven, 17—Chatham							
Station Hospital	Gen	Army	30	..	..	29	1,085
Gainesville, 8,624—Hall							
Downey Hospital	Gen	Corp	52	6	74	27	1,339
Griffin, 10,321—Spalding							
R. F. Strickland and Son Memorial Hospital	Gen	Indiv	46	5	59	29	825
Hoschton, 427—Jackson							
Allen Clinic and Hospital	Gen	Part	11	2	13	4	302
Jesup, 2,305—Wayne							
Drs. Colvin-Ritch Sanitarium	Gen	Part	23	3	25	10	368
Lagrange, 30,151—Troup							
Dunson Hospital	Gen	City	40	6	70	15	706
Macon, 64,045—Bibb							
Hopewell Sanatorium	TB	CyCo	24	..	..	20	45
Macon Hospital*◇	Gen	CyCo	166	16	572	130	4,328
Middle Georgia Hospital*	Gen	Corp	50	8	110	28	1,442
Oglethorpe Private Infirmary*	Gen	Corp	35	6	47	17	901
Pumpelly-Massenburg Sanat.	Gen	Corp	36	3	36	12	820
St. Luke Hospital (col.)	Gen	Indiv	12	1	12	2	86
Marietta, 7,629—Cobb							
Marietta Hospital	Gen	Corp	30	4	..	7	...
Metter, 1,424—Candler							
Metter Sanitarium	Gen	Indiv	12	..	..	8	330
Milledgeville, 5,354—Baldwin							
Allen's Invalid Home	N&M	Indiv	150	..	..	110	194
Milledgeville City Hospital	Gen	Indiv	50	3	17	24	889
Milledgeville State Hospital*	Ment	State	6,329	..	..	6,511	1,466

GEORGIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Milen, 2,327—Jenkins							
Milen Hospital	Gen	Indiv	24	4	30	9	448
Mulkey Hospital	Gen	Indiv	20	3	..	..	...
Monroe, 3,706—Walton							
Walton County Hospital	Gen	NPAssn	16	1	11	3	105
Montezuma, 2,294—Macon							
Macon County Clinic	Gen	Part	25	3	18	6	280
Moultrie, 8,027—Colquitt							
Edmondson-Brannen Hospital	Gen	Part	12	2	No data supplied		
Newnan, 6,386—Coweta							
Newnan Hospital	Gen	NPAssn	21	2	..	..	250
Plains, 600—Sumter							
Wise Sanitarium	Gen	Corp	10	2	7	12	428
Rome, 21,843—Floyd							
Harbin Hospital	Gen	Part	50	6	92	25	1,780
McCall Hospital	Gen	Corp	60	10	108	21	1,629
Sandersville, 3,011—Washington							
Rawling's Sanitarium	Gen	Corp	50	7	30	15	861
Savannah, 85,024—Chatham							
Central of Georgia Railway Hospital	Inhs	NPAssn	62	..	..	48	1,742
Charity Hospital (col.)	Gen	NPAssn	40	12	229	35	1,317
Georgia Infirmary (col.)	Gen	NPAssn	75	6	No data supplied		
Oglethorpe Sanatorium	Gen	Indiv	50	8	87	30	1,894
St. Joseph Hospital*	Gen	Church	160	12	225	87	1,486
Telfair Hospital	Gen	NPAssn	62	16	280	50	1,727
U. S. Marine Hospital	Gen	USPHS	165	..	..	140	1,719
Warren A. Candler Hospital*	Gen	Church	66	9	176	42	1,824
Smyrna, 1,178—Cobb							
Dr. Brawner's Sanitarium	N&M	Indiv	40	..	..	31	340
Statesboro, 3,588—Bulloch							
Van Buren's Sanitarium (col.)	Gen	Indiv	25	4	5	10	175
Stone Mountain, 1,355—De Kalb							
Stone Mountain Sanitarium	N&M	Indiv	25	..	..	15	87
Swainsboro, 2,442—Emanuel							
Franklin Hospital	Gen	Indiv	25	2	24	5	225
Thomaston, 4,923—Upson							
Blackburn Hospital	Gen	Indiv	14	3	7	2	160
Thomasville, 11,735—Thomas							
John D. Archbold Memorial Hospital	Gen	NPAssn	103	12	75	40	1,836
Tifton, 3,390—Tift							
Coastal Plain Hospital	Gen	Corp	30	2	..	9	...
Trion, 3,589—Chattooga							
Riegel Hospital	Gen	Indiv	25	5	45	13	663
Valdosta, 13,487—Lowndes							
Frank Bird Hospital	Gen	Indiv	22	3	..	6	...
Little-Griffin Private Hospital	Gen	Corp	45	3	..	19	...
Washington, 3,158—Wilkes							
Washington General Hospital	Gen	NPAssn	30	2	12	8	234
Waycross, 15,510—Ware							
Atlantic Coast Line Hospital	Indus	Corp	75	..	..	35	1,191
Ware County Hospital	Gen	County	68	9	100	43	1,808
Related Institutions							
Adel, 1,786—Cook							
Adel Hospital	Gen	Part	7	..	..	3	150
Atlanta, 300,691—Fulton							
Atlanta Hospital	Gen	Indiv	20	6	..	..	198
Brook Haven Manor Sanat.	N&M	Indiv	12	..	No data supplied		
Florence Crittenton Home	Mat	NPAssn	25	15	37	..	49
Georgia Sanitarium	Gen	Indiv	12	2	..	2	36
St. Mary's Hospital	Mat	Indiv	8	8	12	3	15
U. S. Penitentiary Hospital	Inst	Fed	187	..	..	94	985
Venereal Hospital and Clinic	Ven	City	68	..	..	38	456
William A. Harris Memorial Hospital (col.)	Gen	Indiv	13	2	No data supplied		
Barwick, 499—Brooks							
Sanchez Private Sanitarium	Gen	Indiv	12	2	15	4	246
Columbus, 43,131—Muscogee							
Muscogee County Tuberculosis Sanatorium	TB	County	30	..	..	25	25
Cordele, 6,880—Crisp							
Cordele Sanatorium	Gen	Corp	11	..	3	4	124
Gillespie Hospital (col.)	Gen	Church	14	2	5	3	156
Gracewood, 91—Richmond							
Georgia Training School for Mental Defectives	MeDe	State	250	..	..	240	32
Milledgeville, 5,354—Baldwin							
Georgia State Penitentiary Tubercular Hospital	InstTB	State	75	..	..	64	...
Moultrie, 8,027—Colquitt							
Daniel Emergency Sanitarium	Gen	Indiv	9	1	15	3	243
Savannah, 85,024—Chatham							
Kiwanis Sunshine Preventorium	TB	NPAssn	13	..	..	13	27
Statesboro, 3,588—Bulloch							
Statesboro Hospital	Gen	Part	30	4	No data supplied		
Summerville, 883—Chattooga							
Summerville-Trion Hospital	Gen	Corp	20	4	22	6	286
Warm Springs, 400—Meriwether							
Georgia Warm Springs Foundation	Orth	NPAssn	100	..	..	..	267

Summary for Georgia:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	88	13,775	11,357	112,599
Related institutions	20	906	521	3,858
Totals	108	14,681	11,878	116,457
Refused registration	2	36		

Key to symbols and abbreviations is on page 798

IDAHO

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
American Falls, 1,280—Power							
Schlitz Memorial Hospital	Gen	County	20	4	91	12	734
Boise, 21,544—Ada							
St. Alphonsus Hospital◊	Gen	Church	125	10	234	94	2,307
St. Luke's Hospital◊	Gen	Church	100	14	431	90	4,343
Veterans Admin. Facility	Gen	Vet	302	..	..	180	963
Bonners Ferry, 1,418—Boundary							
Bonners Ferry Hospital	Gen	Corp	25	5	43	9	200
Coeur d'Alene, 8,297—Kootenai							
Coeur d'Alene Hospital	Gen	NPAssn	40	3	..	13	133
Lakeside Hospital	Gen	Indiv	12	1	19	11	360
Cottonwood, 519—Idaho							
Our Lady of Consolation Hosp.	Gen	Church	13	4	36	7	469
Ft. Hall, 190—Bingham							
Ft. Hall Indian Agency Hosp.	Gen	I A	14	4	44	11	324
Gooding, 1,592—Gooding							
Gooding County Hospital	Gen	CyCo	18	6	64	11	397
Hailey, 973—Blaine							
Hailey Clinical Hospital	Gen	Indiv	15	6	14	5	304
Idaho Falls, 9,429—Bonneville							
Idaho Falls Latter-Day Saint's Hospital◊	Gen	Church	82	18	369	24	882
Spencer Hospital◊	Gen	Corp	40	8	..	13	...
Kellogg, 4,124—Shoshone							
Wardner Hospital	Gen	Part	25	4	47	12	776
Lapwai, 416—Nez Perce							
Ft. Lapwai Sanatorium	TB	I A	132	..	..	112	201
Lewiston, 9,403—Nez Perce							
St. Joseph's Hospital◊	Gen	Church	90	12	216	59	1,515
White Hospital	Gen	Corp	32	3	..	20	...
Montpelier, 2,436—Bear Lake							
Montpelier Hospital	Gen	Indiv	8	1	7	6	97
Moscow, 4,476—Latah							
Gritman Private Hospital	Gen	Indiv	35	7	68	14	658
Nampa, 8,206—Canyon							
Mercy Hospital◊	Gen	Church	40	8	116	19	737
Nazarene Missionary Sanitarium and Institute◊	Gen	Church	50	6	72	31	1,747
Orofino, 1,078—Clearwater							
Orofino Hospital	Gen	Part	30	4	20	30	484
Pocatello, 16,471—Bannock							
Pocatello General Hospital◊	Gen	County	50	15	265	42	1,595
St. Anthony Mercy Hospital◊	Gen	Church	50	9	249	30	1,118
Potlatch, 1,505—Latah							
Potlatch Hospital	Gen	Part	20	4	23	9	342
Preston, 3,381—Franklin							
General Memorial Hospital	Gen	Corp	15	4	80	15	648
Rexburg, 3,048—Madison							
Rexburg General Hospital	Gen	Indiv	10	3	..	4	...
Rupert, 2,250—Minidoka							
Rupert General Hospital	Gen	Indiv	18	2	6	..	60
St. Maries, 1,906—Benewah							
St. Maries Hospital	Gen	Part	21	3	20	9	288
Sandpoint, 3,290—Bonner							
Page Hospital	Gen	Indiv	30	6	7	3	130
Soda Springs, 851—Caribou							
Caribou County Hospital	Gen	County	45	3	10	27	1,020
Twin Falls, 8,787—Twin Falls							
Twin Falls County General Hospital	Gen	County	50	10	169	50	1,807
Wallace, 3,634—Shoshone							
Providence Hospital	Gen	Church	40	10	64	23	846
Wallace Hospital	Gen	Part	30	6	24	15	523
Wendell, 725—Gooding							
St. Valentine's Hospital	Gen	Church	25	5	71	9	398

Related Institutions

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Blackfoot, 3,199—Bingham							
Dr. W. W. Beck Hospital	Gen	Indiv	7	2	21	3	226
State Hospital South	Ment	State	600	..	..	515	100
Boise, 21,544—Ada							
Idaho State Soldiers Home Hospital	Inst	State	27	..	..	8	40
Salvation Army Women's Home and Hospital	Mat	Church	33	15	82	3	110
Malad City, 2,535—Oneida							
Community Hospital	Gen	NPAssn	7	4	..	3	...
Moscow, 4,476—Latah							
Inland Empire Hospital	Gen	Indiv	12	3	..	4	...
University of Idaho Infirmary	Inst	State	15	..	..	12	943
Nampa, 8,206—Canyon							
State School and Colony	MeDe	State	519	..	..	510	41
Orofino, 1,078—Clearwater							
State Hospital North	Ment	State	400	..	..	365	84
Priest River, 949—Bonner							
Priest River Hospital	Gen	Indiv	10	..	..	1	60
St. Maries, 1,906—Benewah							
Dr. Platt's Hospital	Gen	Indiv	12	3	No data supplied		
Salmon, 1,371—Lemhi							
Salmon General Hospital	Gen	Part	9	3	24	2	84
Sandpoint, 3,290—Bonner							
Parnell Hospital	Gen	Indiv	20	4	6	1	58
Spirit Lake, 1,241—Kootenai							
Spirit Lake Hospital	Gen	Part	10	3	10	2	54

Summary for Idaho:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	35	1,670	982	26,463
Related institutions	14	1,681	1,433	2,132
Totals	49	3,351	2,415	28,595
Refused registration	2	54		

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Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Alton, 30,151—Madison							
Alton State Hospital◊	Ment	State	1,537	..	..	1,462	386
St. Anthony's Infirmary and Sanitarium	Gen	Church	60	..	..	60	585
St. Joseph's Hospital◊	Gen	Church	63	12	157	45	1,867
Amboy, 1,972—Lee							
Amboy Public Hospital	Gen	Corp	12	5	41	6	209
Anna, 3,436—Union							
Anna State Hospital◊	Ment	State	2,080	..	..	2,272	732
Hale-Willard Memorial Hosp.	Gen	City	12	4	35	..	285
Annawan, 489—Henry							
J. M. Young Hospital	Gen	Indiv	20	2	6	3	178
Aurora, 46,589—Kane							
Copley Hospital◊	Gen	NPAssn	169	18	277	41	1,708
Kane County Spring Brook Sanitarium	TB	County	85	..	..	81	110
Mercyville Sanitarium	N&M	Church	150	..	..	128	228
St. Charles Hospital◊	Gen	Church	100	20	381	64	1,995
St. Joseph Mercy Hospital◊	Gen	Church	100	20	411	65	2,776
Batavia, 5,045—Kane							
Bellevue Place Sanitarium	N&M	Corp	36	..	..	25	13
Fox River Sanitarium	TB	NPAssn	50	..	..	47	48
Belleville, 28,425—St. Clair							
St. Elizabeth's Hospital	Gen	Church	110	15	271	50	2,189
Station Hospital	Gen	Army	25	..	..	16	261
Belvidere, 8,123—Boone							
Highland Hospital	Gen	NPAssn	30	10	85	11	349
St. Joseph's Hospital	Gen	Church	35	12	81	..	657
Benton, 8,219—Franklin							
Moore Hospital	Gen	Indiv	25	1	8	9	458
Berwyn, 47,027—Cook							
Berwyn Hospital	Gen	NPAssn	75	18	363	30	1,651
Bloomington, 30,930—McLean							
Mennonite Hospital◊	Gen	Church	72	15	162	48	1,493
St. Joseph Hospital◊	Gen	Church	230	20	341	157	3,562
Blue Island, 16,534—Cook							
St. Francis Hospital	Gen	Church	60	15	223	25	1,149
Breese, 1,957—Clinton							
St. Joseph Hospital	Gen	Church	25	5	49	11	434
Bushnell, 2,850—McDonough							
Elmgrove Sanatorium	TB	County	36	..	..	30	44
Cairo, 13,532—Alexander							
St. Mary's Hospital◊	Gen	Church	100	10	74	31	1,116
Canton, 11,718—Fulton							
Graham and Murphy Hospital◊	Gen	NPAssn	48	8	162	30	1,708
Carbondale, 7,528—Jackson							
Holden Memorial Hospital◊	Gen	Church	50	5	74	13	584
Carlinville, 4,144—Macoupin							
Macoupin Hospital	Gen	Indiv	20	6	64	15	701
Carmi, 2,932—White							
Carmi Hospital	Gen	NPAssn	10	2	3	3	135
Centralia, 12,583—Marion							
St. Mary's Hospital	Gen	Church	45	4	71	22	889
Champaign, 20,348—Champaign							
Burnham City Hospital◊	Gen	City	75	17	289	50	2,418
Charleston, 8,012—Coles							
M. A. Montgomery Memorial Sanatorium	Gen	NPAssn	21	4	19	8	327
Oakwood Hospital	Gen	Indiv	21	4	15	5	200
Chicago, 3,376,438—Cook							
Albert Merritt Billings Hospital. Medical and Surgical Unit of University of Chicago Clinics							
Alexian Brothers Hospital*◊	Gen	Church	257	..	..	140	2,768
American Hospital*◊	Gen	NPAssn	150	20	138	70	1,887
Auburn Park Hospital	Gen	NPAssn	125	28	216	29	1,515
Augustana Hospital*♦◊	Gen	Church	325	25	479	142	4,542
Belmont Hospital◊	Gen	Corp	100	36	390	56	2,284
Bethany Home Hospital	Gen	Church	17	2	28	9	267
Bethany Sanit. and Hospital◊	Gen	Church	50	12	176	19	1,056
Bobs Roberts Memorial Hospital for Children. Pediatric Unit of University of Chicago Clinics							
Burrows Hospital	Gen	Indiv	40	6	33	16	348
Chicago Eye, Ear, Nose, and Throat Hospital	ENT	Corp	75	..	..	12	780
Chicago Fresh Air Hospital	TB	NPAssn	100	..	..	29	91
Chicago Lying-in Hospital and Dispensary♦◎	Mat	NPAssn	162	160	2,815	105	3,942
Chicago Memorial Hospital*	Gen	NPAssn	88	20	354	49	2,080
Chicago State Hospital	Ment	State	4,118	..	..	4,500	1,489
Children's Memorial Hospital♦◎	Chil	NPAssn	264	..	..	155	3,843
City of Chicago Municipal Tuberculosis Sanitarium♦◎	TB	City	1,205	1	12	1,188	2,028
Columbus Hospital*◊	Gen	Church	159	15	209	78	3,280
Cook County Children's Hosp. Unit of Cook County Hospital							
Cook County Hospital♦◊	Gen	County	3,150	150	3,647	2,739	71,005
Cook County Psychopathic Hospital♦	N&M	County	185	..	..	102	5,597
Edgewater Hospital*	Gen	NPAssn	120	18	425	66	2,860
Englewood Hospital*◊	Gen	NPAssn	101	25	371	60	2,277
Evangelical Deaconess Hosp.◊	Gen	Church	65	20	129	25	819
Evangelical Hospital*◊	Gen	Church	200	60	1,081	106	5,905
Frances E. Willard Hospital*◊	Gen	NPAssn	115	25	563	57	2,962
Franklin Boulevard Hospital◊	Gen	Corp	60	20	258	42	2,520
Garfield Park Community Hospital*◊	Gen	NPAssn	150	32	526	65	2,998
Grant Hospital*◊	Gen	NPAssn	231	40	872	129	5,382
Henrotin Hospital*◊	Gen	NPAssn	105	18	148	53	2,058
Holy Cross Hospital*	Gen	Church	90	24	721	78	3,045
Hospital of St. Anthony de Padua*◊	Gen	Church	200	40	963	112	3,929
Illinois Central Hospital*	Gen	NPAssn	255	28	482	135	4,154
Illinois Eye and Ear Infirmary♦	ENT	State	200	..	..	108	4,450
Illinois Masonic Hospital*◊	Gen	Frat	150	25	290	59	2,005
Jackson Park Hospital*◊	Gen	NPAssn	225	40	455	64	3,231

Key to symbols and abbreviations is on page 796

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ILLINOIS—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
John B. Murphy Hospital	Gen	Church	100	29	364	50	1,916
Lake View Hospital*	Gen	Corp	110	30	210	41	1,789
La Rabida Jackson Park Sanatorium	CardCh	NPAssn	50	..	..	30	139
Lewis Memorial Maternity Hospital	Mat	Church	114	114	2,216	68	2,490
Lutheran Deaconess Home and Hospital*°	Gen	Church	174	42	620	106	4,290
Lutheran Memorial Hospital°	Gen	Church	175	30	375	51	2,559
Martha Washington Hospital	Gen	NPAssn	53	13	119	24	1,017
Mercy Hospital*°	Gen	Church	305	35	414	190	5,600
Michael Reese Hospital*♦°	Gen	NPAssn	560	71	1,529	431	15,327
Misericordia Hospital and Home for Infants®	MatCh	Church	17	26	295	9	327
Mother Cabrini Memorial Hospital*°	Gen	Church	120	20	333	65	3,510
Mt. Sinai Hospital*♦°	Gen	NPAssn	163	44	977	116	5,122
Municipal Contagious Disease Hospital♦®	Iso	City	428	..	..	297	4,838
Nancy Adele McElwee Memorial and Gertrude Dunn Hicks Memorial Hospital. Orthopedic Unit of University of Chicago Clinics							
Nelson Morris Hospital	Unit of Michael Reese Hospital						
North Avenue Hospital	Gen	Indiv	14	2	5	5	242
Norwegian-American Hosp.*°	Gen	NPAssn	148	32	531	58	2,819
Parkway Sanitarium	N&M	Corp	50	..	..	33	259
Passavant Memorial Hosp.*♦	Gen	NPAssn	300	40	443	120	4,198
Peoples Hospital	Gen	Indiv	54	4	11	12	486
Pinel Sanitarium	N&M	NPAssn	50	..	..	16	145
Post Graduate Hospital and Medical School	Gen	NPAssn	85	3	16	10	575
Presbyterian Hospital*♦°	Gen	Church	403	50	791	281	9,776
Provident Hospital (col.)*♦°	Gen	NPAssn	133	22	356	83	2,543
Ravenswood Hospital*°	Gen	NPAssn	150	48	933	96	4,421
Research and Educational Hospital*♦	Gen	State	365	28	764	336	5,371
Roseland Community Hosp.*°	Gen	Corp	101	32	620	66	3,007
St. Anne's Hospital*°	Gen	Church	230	60	1,241	171	4,741
St. Anthony de Padua Hosp.	See Hospital of St. Anthony de Padua						
St. Bernard's Hospital*°	Gen	Church	200	30	571	85	4,022
St. Elizabeth Hospital*°	Gen	Church	283	40	826	194	4,477
St. Joseph Hospital*°	Gen	Church	210	40	458	94	3,424
St. Luke's Hospital*♦°	Gen	NPAssn	650	32	889	278	9,719
St. Mary of Nazareth Hosp.*°	Gen	Church	262	38	745	132	4,733
St. Vincent's Infant and Maternity Hospital®	MatCh	Church	41	12	177	10	219
Sarah Morris Hospital for Children. Unit of Michael Reese Hospital							
Shriners Hospital for Crippled Children	Orth	Frat	60	..	..	60	186
South Chicago Community Hospital°	Gen	NPAssn	69	17	196	23	2,030
South Shore Hospital°	Gen	Corp	100	25	412	49	2,129
Surgical Institute for Crippled Children. Unit of Research and Educational Hospital							
Swedish Covenant Hospital*°	Gen	Church	167	42	705	84	3,182
U. S. Marine Hospital*	Gen	USPHS	304	..	..	205	2,832
University Hospital*°	Gen	Corp	104	21	145	41	1,503
University of Chicago Clinics*♦	Gen	NPAssn	309	..	..	228	7,404
Washington Boulevard Hospital*°	Gen	NPAssn	100	10	85	44	1,694
Washingtonian Home	Unit of Martha Washington Hospital						
Welles Park Hospital	Gen	Corp	50	10	115	18	582
Wesley Memorial Hospital*♦°	Gen	Church	229	21	404	100	3,467
West Side Hospital°	Gen	Corp	142	19	203	47	1,959
Women and Children's Hosp.*	Gen	NPAssn	125	25	484	60	1,913
Woodlawn Hospital*	Gen	NPAssn	145	32	350	46	2,323
Chicago Heights, 22,321—Cook							
St. James Hospital	Gen	Church	130	20	223	30	1,508
Clinton, 5,920—De Witt							
Dr. John Warner Hospital	Gen	City	21	4	34	12	377
Compton, 277—Lee							
Compton Hospital	Gen	Indiv	10	2	7	4	283
Danville, 36,765—Vermilion							
Lake View Hospital°	Gen	NPAssn	158	12	180	73	2,316
St. Elizabeth Hospital°	Gen	Church	150	12	265	96	3,179
Veterans Admin. Facility	Gen	Vet	1,650	..	..	370	981
Decatur, 57,510—Macon							
Decatur and Macon County Hospital°	Gen	NPAssn	125	25	487	69	2,501
Macon County Tuberculosis Sanatorium♦	TB	County	80	..	..	61	71
St. Mary's Hospital	Gen	Church	153	28	480	121	3,454
Wabash Employes' Hospital	Indus	NPAssn	80	..	..	57	1,166
De Kalb, 8,545—De Kalb							
De Kalb County Tuberculosis Sanatorium	TB	County	50	..	..	35	54
De Kalb Public Hospital	Gen	City	25	10	79	15	560
St. Mary's Hospital	Gen	Church	50	9	82	29	762
Des Plaines, 8,798—Cook							
Northwestern Hospital	Gen	NPAssn	15	5	60	6	236
Dixon, 9,908—Lee							
Dixon Public Hospital°	Gen	NPAssn	60	11	177	35	1,181
Du Quoin, 7,593—Perry							
Marshall Browning Hospital	Gen	NPAssn	60	5	61	21	624
Dwight, 2,584—Livingston							
Veterans Admin. Facility	Gen	Vet	225	..	..	Reopened	
East Moline, 10,107—Rock Island							
East Moline State Hospital♦°	Ment	State	1,949	..	..	1,903	615
East St. Louis, 74,347—St. Clair							
Christian Welfare Hospital°	Gen	NPAssn	56	8	149	40	1,234
St. Mary's Hospital*°	Gen	Church	200	35	390	123	3,440
Edwardsville, 6,235—Madison							
Madison County Tuberculosis Sanitarium	TB	County	90	..	..	72	153
Effingham, 4,978—Effingham							
St. Anthony's Hospital	Gen	Church	75	8	49	38	1,207

ILLINOIS—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Elgin, 35,929—Kane							
Elgin State Hospital♦°	Ment	State	4,439	..	..	4,441	1,809
Resthaven Sanitarium	N&M	Indiv	70	..	..	45	90
St. Joseph Hospital°	Gen	Church	150	22	241	50	1,425
Sherman Hospital°	Gen	NPAssn	110	20	No data supplied		
Elmhurst, 14,055—Du Page							
Elmhurst Community Hospital	Gen	NPAssn	85	16	264	30	1,608
Evanston, 63,338—Cook							
Evanston Community Hospital (col.)	Gen	NPAssn	18	4	9	5	97
Evanston Hospital*♦°	Gen	NPAssn	235	36	664	122	5,613
St. Francis Hospital*°	Gen	Church	320	50	673	118	5,320
Evergreen Park, 1,594—Cook							
Little Company of Mary Hospital*°	Gen	Church	150	32	509	59	2,633
Ft. Sheridan, 602—Lake							
Station Hospital	Gen	Army	148	5	51	95	3,510
Freeport, 22,045—Stephenson							
Evangelical Deaconess Hosp.°	Gen	Church	85	16	184	43	1,571
St. Francis Hospital°	Gen	Church	100	15	226	60	1,886
Galesburg, 28,830—Knox							
Galesburg Cottage Hospital°	Gen	NPAssn	82	18	208	45	1,250
St. Mary's Hospital	Gen	Church	120	18	178	45	1,445
Geneseo, 3,406—Henry							
J. C. Hammond City Hospital	Gen	City	25	5	33	6	231
Geneva, 4,607—Kane							
Community Hospital°	Gen	NPAssn	67	18	186	29	983
Granite City, 25,130—Madison							
St. Elizabeth Hospital°	Gen	Church	103	22	186	62	1,963
Great Lakes,—Lake							
U. S. Naval Hospital	Gen	Navy	220	..	..	Reopened	
Harrisburg, 11,625—Saline							
Harrisburg Hospital	Gen	Corp	28	1	5	9	139
Lightner Hospital	Gen	Indiv	30	5	20	21	802
Harvard, 2,988—McHenry							
Harvard Community Hospital	Gen	Part	21	5	50	7	221
Harvey, 16,374—Cook							
Ingalls Memorial Hospital	Gen	NPAssn	95	25	389	33	1,586
Herrin, 9,708—Williamson							
Herrin Hospital	Gen	Indiv	40	5	46	16	544
Highland, 3,319—Madison							
St. Joseph's Hospital	Gen	Church	72	8	127	47	1,005
Highland Park, 12,203—Lake							
Highland Park Hospital	Gen	NPAssn	53	17	199	23	1,284
Hillsboro, 4,435—Montgomery							
Hillsboro Hospital	Gen	NPAssn	30	5	43	11	435
Hines,—Cook							
Veterans Admin. Facility	Gen	Vet	1,750	..	..	1,698	8,998
Hinsdale, 6,923—Du Page							
Hinsdale Sanitarium and Hospital°	Gen	NPAssn	110	10	134	43	1,343
Jacksonville, 17,747—Morgan							
Jacksonville State Hospital	Ment	State	3,381	..	..	3,330	788
Morgan County Tuberculosis Sanatorium	TB	County	38	..	..	25	38
Norbury Sanatorium	N&M	Corp	125	..	..	60	179
Our Savior's Hospital°	Gen	Church	87	12	134	38	1,173
Passavant Memorial Hospital°	Gen	Church	73	12	147	40	1,192
Joliet, 42,993—Will							
St. Joseph's Hospital*°	Gen	Church	190	36	662	142	4,025
Silver Cross Hospital°	Gen	NPAssn	133	19	246	52	1,914
Will County Tuberculosis Sanatorium	TB	County	100	..	..	83	64
Kankakee, 20,620—Kankakee							
Kankakee State Hospital°	Ment	State	3,880	..	..	4,052	1,494
St. Mary Hospital°	Gen	Church	114	12	168	47	1,473
Kenilworth, 2,501—Cook							
Kenilworth Sanitarium	N&M	Indiv	32	..	..	18	30
Kewanee, 17,093—Henry							
Kewanee Public Hospital°	Gen	NPAssn	50	12	120	25	731
St. Francis Hospital°	Gen	Church	56	11	106	38	722
La Harpe, 1,175—Hancock							
La Harpe Hospital	Gen	NPAssn	15	3	No data supplied		
Lake Forest, 6,554—Lake							
Alice Home Hospital	Gen	NPAssn	42	8	79	15	572
La Salle, 13,149—La Salle							
St. Mary Hospital°	Gen	Church	85	15	185	30	1,082
Libertyville, 3,791—Lake							
Condell Memorial Hospital	Gen	NPAssn	25	6	56	5	290
Lincoln, 12,855—Logan							
Evangelical Deaconess Hosp.°	Gen	Church	52	8	113	34	1,286
St. Clara's Hospital	Gen	Church	64	10	68	26	879
Litchfield, 6,612—Montgomery							
St. Francis Hospital	Gen	Church	130	8	119	77	2,560
Mackinaw, 760—Tazewell							
Oak Knoll Sanatorium	TB	County	45	..	..	37	63
Macomb, 8,509—McDonough							
Marietta Phelps Hospital°	Gen	Corp	45	6	55	21	568
St. Francis Hospital°	Gen	Church	75	10	150	32	1,330
Manteno, 1,149—Kankakee							
Manteno State Hospital	Ment	State	2,869	..	..	1,587	1,342
Mattoon, 14,631—Coles							
Memorial Methodist Hospital	Gen	Church	43	8	78	23	1,080
Melrose Park, 10,741—Cook							
Westlake Hospital	Gen	Corp	84	16	209	24	1,175
Mendota, 4,008—La Salle							
Harris Hospital	Gen	Indiv	20	3	37	8	297
Moline, 32,236—Rock Island							
Lutheran Hospital°	Gen	Church	135	36	352	48	1,927
Moline Public Hospital°	Gen	City	133	22	329	56	2,219
Monmouth, 8,666—Warren							
Monmouth Hospital°	Gen	City	33	10	126	25	715
Morris, 5,568—Grundy							
Morris Hospital	Gen	NPAssn	34	10	No data supplied		

Key to symbols and abbreviations is on page 796

ILLINOIS—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Mt. Vernon, 12,375—Jefferson							
Mt. Vernon Hospital	Gen	Indiv	20	..	No data supplied		
Moweaqua, 1,478—Shelby							
Moweaqua Hospital	Gen	Indiv	25	10	23	12	167
Murphysboro, 8,182—Jackson							
St. Andrew's Hospital	Gen	Church	50	4	33	17	726
Naperville, 5,118—Du Page							
Edward Sanatorium	TB	NPAssn	88	..	..	49	135
Normal, 6,768—McLean							
Brokaw Hospital	Gen	Church	87	15	150	48	1,091
Fairview Sanatorium	TB	County	40	..	..	30	43
North Chicago, 8,466—Lake							
Veterans Admin. Facility	Ment	Vet	1,135	..	..	1,173	370
Oak Forest, 50—Cook							
Cook County Infirmary	GenChr	County	1,054	..	..	1,016	1,330
Cook County Tuberculosis Hospital	TB	County	634	..	..	602	421
Oak Park, 63,392—Cook							
Oak Park Hospital	Gen	Church	125	40	563	80	3,061
West Suburban Hospital	Gen	NPAssn	327	100	1,175	150	6,698
Olney, 6,146—Richland							
Olney Sanitarium	Gen	Corp	60	7	..	45	...
Ottawa, 15,004—La Salle							
Highland	TB	County	60	..	..	31	42
Ottawa Tuberculosis Sanat.	TB	Corp	115	..	..	85	144
Ryburn Memorial Hospital	Gen	City	63	12	204	35	1,282
Pana, 5,651—Christian							
Huber Memorial Hospital	Gen	Church	50	6	52	18	611
Paris, 8,781—Edgar							
Paris Hospital	Gen	NPAssn	40	6	27	34	940
Pekin, 16,179—Tazewell							
Pekin Public Hospital	Gen	NPAssn	50	12	304	34	1,816
Peoria, 104,969—Peoria							
John C. Proctor Hospital	Gen	NPAssn	100	18	140	66	2,376
Methodist Hospital of Central Illinois	Gen	Church	153	23	533	129	4,145
Michell Farm	N&M	Indiv	26	..	..	13	30
Peoria Municipal Tuberculosis Sanitarium	TB	City	93	..	..	92	99
Peoria Sanitarium	N&M	Indiv	25	..	..	10	81
Peoria State Hospital	Ment	State	2,804	..	..	2,615	730
St. Francis Hospital	Gen	Church	300	30	804	227	7,288
Peru, 9,121—La Salle							
Peopies Hospital	Gen	NPAssn	50	10	111	36	1,546
Pontiac, 6,272—Livingston							
Livingston County Sanatorium	TB	County	37	..	..	36	46
St. James' Hospital	Gen	Church	50	12	150	18	802
Princeton, 4,702—Bureau							
Julia Barkley Perry Memorial Hospital	Gen	City	40	8	85	21	786
Quincy, 39,241—Adams							
Blessing Hospital	Gen	NPAssn	120	22	278	57	2,049
Hillcrest	TB	County	50	..	..	44	46
St. Mary Hospital	Gen	Church	195	25	444	140	3,009
Rantoul, 1,555—Champaign							
Station Hospital	Gen	Army	50	..	3	11	394
Red Budd, 1,398—Randolph							
St. Clement's Hospital	Gen	Church	20	2	11	12	194
Robinson, 5,669—Crawford							
Robinson Hospital	Gen	Part	18	5	16	3	124
Rockford, 85,864—Winnebago							
Elm Lawn-Wilgus Sanitarium	N&M	Indiv	35	..	..	20	108
Rockford Hospital	Gen	NPAssn	92	18	151	40	1,574
Rockford Municipal Tuberculosis Sanatorium	TB	City	120	..	..	110	86
St. Anthony's Hospital	Gen	Church	180	36	591	120	4,124
Swedish-American Hospital	Gen	NPAssn	80	12	297	47	1,443
Winnebago County Hospital	GenIso	County	90	6	46	54	1,157
Rock Island, 37,953—Rock Island							
Rock Island County Tuberculosis Sanatorium	TB	County	75	..	..	70	67
St. Anthony's Hospital	Gen	Church	150	18	192	61	1,860
Rosiclare, 1,494—Hardin							
Rosiclare Hospital	Gen	Indiv	10	2	6	2	99
Rushville, 2,388—Schuyler							
Culbertson Hospital	Gen	Indiv	25	3	11	5	176
St. Charles, 5,377—Kane							
St. Charles City Hospital	Gen	NPAssn	20	6	45	5	200
Sandwich, 2,611—De Kalb							
Horatio N. Woodward Memorial Hospital	Gen	NPAssn	26	10	73	9	308
Savanna, 3,866—Carroll							
Savanna Public Hospital	Gen	City	15	5	40	4	174
Shelbyville, 3,491—Shelby							
Shelby County Memorial Hosp.	Gen	NPAssn	17	5	27	8	315
Springfield, 71,864—Sangamon							
Palmer Sanatorium	TB	Corp	75	..	..	39	67
St. John's Hospital	Gen	Church	567	47	846	417	9,659
St. John's Sanitarium	TbOr	Church	150	..	..	..	423
Springfield Hospital	Gen	NPAssn	100	15	408	91	3,031
Spring Valley, 5,750—Bureau							
St. Margaret's Hospital	Gen	Church	68	7	153	40	1,560
Sterling, 16,012—Whiteside							
Public Hospital	Gen	City	51	12	190	17	777
Streator, 14,728—La Salle							
St. Mary's Hospital	Gen	Church	125	10	229	52	3,308
Sublette, 361—Lee							
Angrar Maternity Hospital	Mat	Indiv	10	9	42	3	226
Sycamore, 4,021—De Kalb							
Sycamore Municipal Hospital	Gen	City	23	7	55	9	356
Taylorville, 7,316—Christian							
St. Vincent Hospital	Gen	Church	55	11	129	46	1,311
Tuscola, 2,569—Douglas							
Douglas County Jarman Hosp.	Gen	County	20	6	48	18	469

ILLINOIS—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Urbana, 13,060—Champaign							
Carle Memorial Hospital	Gen	Corp	35	10	51	17	798
Champaign County Hospital	Gen	County	55	9	66	22	710
Mercy Hospital	Gen	Church	56	12	153	35	1,763
The Outlook	TB	County	36	..	..	34	28
Vandalia, 4,542—Fayette							
Mark Greer Hospital	Gen	Indiv	20	6	64	16	742
Waterman, 320—De Kalb							
East Side Hospital	Gen	Indiv	25	7	58	14	410
Watseka, 3,144—Iroquois							
Iroquois Hospital	Gen	CyCo	35	8	114	20	842
Waukegan, 33,496—Lake							
Lake County General Hospital	Gen	County	80	10	134	77	1,237
St. Therese's Hospital	Gen	Church	135	16	422	56	2,402
Victory Memorial Hospital	Gen	NPAssn	76	14	271	28	1,276
Winfield, 445—Du Page							
Winfield Sanatorium	TB	NPAssn	110	..	..	66	118
Zaee Sanatorium	TB	Corp	30	..	..	25	60
Woodstock, 5,471—McHenry							
Woodstock Public Hospital	Gen	NPAssn	21	7	37	8	375
Zeigler, 3,816—Franklin							
Zeigler Hospital	Gen	NPAssn	15	1	3	4	121
Related Institutions							
Arrowsmith, 279—McLean							
L. M. Johnson Hospital	Gen	Indiv	10	2	12	2	68
Avon, 799—Fulton							
Saunders Hospital	Gen	NPAssn	12	4	..	New	...
Chester, 3,922—Randolph							
Riverview Hospital	Gen	Indiv	10	1	..	..	...
Chicago, 3,376,438—Cook							
Beverly Hills Rest Home	Conv	Indiv	8	..	..	5	30
Carnegie-Illinois Steel Corporation Hospital	Indus	Corp	30	..	..	13	85
Chicago Home for Convalescent Women and Children	Conv	NPAssn	55	..	..	37	231
Chicago Home for Incurables	Inc	NPAssn	292	..	..	291	54
House of Correction Hospital	Gen	City	75	..	..	..	1,225
Infirmary of Medical Relief Service, Illinois Emergency Relief	Gen	State	294	..	..	227	1,574
Isolation Hospital	SmPox	City	35	..	..	..	6
Long's Convalescent Home	Conv	Indiv	12	..	..	9	36
Rest Haven Home for Convalescents	Conv	NPAssn	45	..	..	45	600
Salvation Army Women's Home and Hospital	Mat	Church	25	12	200	14	236
Washington and Jane Smith Home	InstGen	NPAssn	21	..	..	12	96
Decatur, 57,510—Macon							
City Public Hospital	Iso	City	25	..	..	9	170
Dixon, 9,008—Lee							
Dixon State Hospital	Ment	State	3,320	..	..	3,175	450
Dwight, 2,534—Livingston							
Dwight Community Hospital	Gen	NPAssn	5	4	16	1	64
Eldorado, 4,402—Saline							
Ferrell Hospital	Gen	Indiv	16	2	11	4	170
Evanston, 63,338—Cook							
The Cradle	Chil	NPAssn	..	30	..	21	277
Grove House for Convalescents	Conv	NPAssn	38	..	..	21	206
Fairbury, 3,230—Livingston							
Fairbury Hospital	Gen	NPAssn	10	5	34	3	197
Flora, 4,353—Clay							
Flora Hospital	Gen	Indiv	9	2	18	4	202
Geneva, 4,607—Kane							
State Training School for Girls	Inst	State	30	30	..	12	147
Godfrey, 201—Madison							
Beverly Farm	MeDe	Corp	70	..	..	62	8
Henry, 1,626—Marshall							
Drs. Coggeshall and Dysart Hospital	Gen	Part	8	4	28	3	103
Hinsdale, 6,982—Du Page							
West Suburban Home for Girls	Mat	NPAssn	30	16	36	10	37
Lincoln, 12,855—Logan							
Lincoln State School and Colony	MeDe	State	3,855	6	12	3,578	413
Mattoon, 14,631—Coles							
Independent Order Odd Fellows Old Folks Home Hospital	Inst	Frat	53	..	..	34	172
Menard, 22—Randolph							
Illinois Security Hospital	Ment	State	508	..	..	402	97
Prison Hospital of Illinois State Penitentiary	Inst	State	36	..	..	19	542
Metropolis, 5,573—Massac							
Fisher Hospital	Gen	Indiv	14	2	22	2	253
Minonk, 1,916—Woodford							
Woodford County Tuberculosis Sanatorium	TB	County	12	..	..	8	8
Moosehaert, 1,510—Kane							
Moosehaert Memorial Hospital	Chil	Frat	75	..	..	34	2,088
Mt. Prospect, 1,225—Cook							
Mt. Prospect General Hospital	Gen	NPAssn	20	4	15	2	100
Normal, 6,768—McLean							
Soldiers' and Sailors' Children's School	Inst	State	25	..	..	15	1,300
Paxton, 2,602—Ford							
Paxton Community Hospital	Gen	NPAssn	16	4	39	4	361
Pinckneyville, 3,046—Perry							
Hiller Hospital	Gen	Indiv	15	3	..	8	...
Pontiac, 6,272—Livingston							
Illinois State Reformatory Hospital	Inst	State	50	..	..	18	879
Quincy, 39,241—Adams							
Illinois Soldiers' and Sailors' Home and Hospital	Inst	State	185	..	..	123	937
St. Charles, 5,377—Kane							
St. Charles School for Boys	Inst	State	30	..	..	29	823

Key to symbols and abbreviations is on page 794

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ILLINOIS—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Savanna, 5,086—Carroll							
Station Hospital	Gen	Army	7	..	..	1	96
Sullivan, 2,539—Moultrie							
Illinois Masonic Home	Inst	Frat	85	..	..	80	95
Urbana, 13,699—Champaign							
McKinley University Hospital	Inst	State	85	..	..	40	2,100
Wadron, 202—La Salle							
St. Joseph's Health Resort	Conv	Church	50	..	..	31	746
West Chicago, 5,477—Du Page							
Country Home for Convalescent Crippled Children	Orth	NPAssn	129	..	..	96	137
Wheaton, 7,258—Du Page							
Howe Home	N&M	Part	12	..	..	6	4
Mary E. Pogue School	MeDe	Indiv	44	..	..	26	40
Wheaton Health Resort	Gen	Part	30	12	10	7	53
Wheeling, 667—Cook							
Wheeling Hospital	Gen	Indiv	9	5	6	1	32
White Hall, 2,928—Greene							
White Hall Hospital	Gen	Indiv	6	5	No data supplied		
Winnetka, 12,188—Cook							
North Shore Health Resort	Conv	Corp	75	..	..	45	271

Summary for Illinois:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	267	65,808	51,834	525,141
Related institutions	54	10,056	8,719	18,000
Totals	321	75,949	60,553	543,141
Refused registration	41	1,398		

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Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Anderson, 39,804—Madison							
St. John's Hickey Memorial Hospital§	Gen	Church	90	15	282	66	2,005
Angola, 2,665—Steuben							
Cameron Hospital	Gen	Indiv	17	2	25	9	536
Argos, 1,211—Marshall							
Kelly Hospital	Gen	Indiv	10	4	13	4	135
Auburn, 5,088—De Kalb							
Dr. Bonnell M. Souder Hosp.	Gen	Indiv	20	12	28	5	157
Batesville, 2,838—Ripley							
Margaret Mary Hospital	Gen	Church	50	10	No data supplied		
Bedford, 13,358—Lawrence							
Dunn Memorial Hospital	Gen	NPAssn	25	6	82	13	675
Beech Grove, 3,552—Marion							
St. Francis' Hospital	Gen	Church	140	25	455	63	1,820
Bloomington, 18,277—Monroe							
Bloomington Hospital§	Gen	NPAssn	35	5	64	25	1,362
Bluffton, 5,074—Wells							
Wells County Hospital	Gen	County	19	3	48	15	536
Brazil, 8,744—Clay							
Clay County Hospital	Gen	County	40	10	26	15	425
Clinton, 7,008—Vermillion							
Vermillion County Hospital	Gen	County	35	6	57	25	826
Columbus, 9,925—Bartholomew							
Bartholomew County Hospital	Gen	County	45	5	103	21	783
Crawfordsville, 10,355—Montgomery							
Culver Hospital	Gen	County	50	12	141	35	1,516
Crown Point, 4,046—Lake							
Lake County Tuberculosis Sanatorium	TB	County	100	..	..	201	170
Decatur, 5,156—Adams							
Adams County Memorial Hosp.	Gen	County	28	6	41	14	650
East Chicago, 54,784—Lake							
St. Catherine's Hospital§	Gen	Church	150	60	502	108	3,198
Elkhart, 32,949—Elkhart							
Elkhart General Hospital	Gen	NPAssn	75	10	221	29	1,408
Elwood, 10,625—Madison							
Mercy Hospital	Gen	Church	20	5	244	16	849
Evansville, 102,249—Vanderburgh							
Boehne Tuberculosis Hospital§	TB	County	120	..	..	115	693
Evansville State Hospital	Ment	State	1,300	..	..	1,100	304
Protestant Deaconess Hosp.	Gen	Church	154	16	554	95	3,279
St. Mary's Hospital§	Gen	Church	128	22	225	84	3,270
U. S. Marine Hospital	Gen	USPHS	100	..	..	68	792
Welborn-Walker Hospital§	Gen	Corp	105	6	82	66	2,381
Ft. Benjamin Harrison,—Marion							
Station Hospital	Gen	Army	150	4	35	132	2,410
Ft. Wayne, 114,946—Allen							
Irene Byron Tuberculosis Sanat.	TB	County	200	..	..	176	233
Lutheran Hospital§	Gen	Church	138	22	456	101	2,924
Methodist Episcopal Hospital§	Gen	Church	67	22	164	44	2,352
St. Joseph Hospital§	Gen	Church	243	57	610	134	4,330
Frankfort, 12,196—Clinton							
Clinton County Hospital	Gen	County	43	7	71	17	655
Garrett, 4,428—De Kalb							
Sacred Heart Hospital	Gen	Church	41	7	17	19	445
Gary, 100,426—Lake							
Gary Hospital	Indus	Corp	100	..	..	19	141
Methodist Episcopal Hospital	Gen	Church	90	30	520	79	2,780
St. Antonio Hospital	Gen	Corp	50	6	24	20	446
St. John Hospital (col.)	Gen	Indiv	15	6	20	3	308
St. Mary's Mercy Hospital§	Gen	Church	235	35	709	132	4,826
Greencastle, 4,613—Putnam							
Putnam County Hospital	Gen	County	40	5	41	16	682
Greensburg, 5,702—Decatur							
Decatur County Memorial Hosp.	Gen	County	25	6	41	11	424

INDIANA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Hammond, 64,328—Lake							
Mount Mercy Sanitarium	N&M	Church	32	..	..	25	150
St. Margaret's Hospital§	Gen	Church	214	36	625	105	3,595
Hartford City, 6,613—Blackford							
Blackford County Hospital	Gen	County	30	5	90	11	322
Huntington, 13,420—Huntington							
Huntington County Hospital	Gen	County	27	6	98	15	559
Indianapolis, 364,161—Marion							
Central State Hospital§	Ment	State	1,729	..	..	1,768	351
Dr. W. B. Fletcher's Sanat.	N&M	Corp	50	..	..	13	111
Indianapolis City Hospital§§	Gen	City	538	39	566	429	10,913
Indiana University Hospitals§§	Gen	State	402	42	944	388	8,256
James Whitcomb Riley Hospital for Children. Pediatric Unit of Indiana University Hospitals							
Kiwanis House	Unit of Indiana University Hospitals						
Methodist Episcopal Hosp.§§	Gen	Church	478	48	913	330	13,315
"Norways" Sanatorium	N&M	Corp	30	..	..	5	79
Robert W. Long Hospital	Medical and Surgical Unit of Indiana University Hospitals						
Rotary Convalescent Home	Unit of Indiana University Hospitals						
St. Vincent's Hospital§§	Gen	Church	280	35	491	168	5,388
Veterans Admin. Facility	Gen	Vet	173	..	..	152	1,702
William H. Coleman Hospital for Women. Maternity Unit of Indiana University Hospitals							
Jeffersonville, 11,946—Clark							
Clark County Memorial Hosp.	Gen	County	35	6	No data supplied		
Kendallville, 3,459—Noble							
Lakeside Hospital	Gen	City	21	12	65	14	359
Kokomo, 32,843—Howard							
Good Samaritan Hospital§§	Gen	Church	57	8	110	33	1,109
LaFayette, 26,240—Tippecanoe							
LaFayette Home Hospital§§	Gen	NPAssn	130	25	208	52	2,031
St. Elizabeth Hospital§§	Gen	Church	225	30	392	121	5,202
Wabash Valley Sanitarium	Gen	NPAssn	45	7	15	16	245
William Ross Sanatorium	TB	County	45	..	..	36	52
LaPorte, 15,755—LaPorte							
Fairview Hospital	Gen	NPAssn	38	8	73	20	671
Holy Family Hospital	Gen	Church	90	15	189	65	1,989
Lebanon, 6,445—Boone							
Williams Hospital	Gen	Indiv	22	4	12	5	150
Witham Memorial Hospital	Gen	County	25	5	74	14	553
Linton, 5,985—Greene							
Freeman Greene County Hosp.	Gen	County	30	4	No data supplied		
Logansport, 18,586—Cass							
Cass County Hospital	Gen	County	40	6	85	31	1,361
Logansport State Hospital§§	Ment	State	1,686	..	..	1,596	300
St. Joseph's Hospital	Gen	Church	60	10	58	27	856
Madison, 6,530—Jefferson							
Kings Daughters Hospital	Gen	NPAssn	27	6	40	15	638
Marion, 24,466—Grant							
Marion General Hospital§	Gen	NPAssn	50	6	110	25	919
Martinsville, 4,962—Morgan							
Morgan County Memorial Hosp.	Gen	County	18	6	58	7	426
Michigan City, 36,735—LaPorte							
Clinic Hospital	Gen	Corp	55	10	81	22	804
St. Anthony's Hospital	Gen	Church	100	15	169	32	1,144
Mishawaka, 26,520—St. Joseph							
St. Joseph Hospital§	Gen	Church	100	20	327	46	1,688
Muncie, 46,548—Delaware							
Ball Memorial Hospital§§	Gen	NPAssn	142	18	365	102	3,104
New Albany, 25,619—Floyd							
St. Edward's Hospital	Gen	Church	100	14	142	37	1,047
Newcastle, 14,027—Henry							
Henry County Hospital	Gen	County	60	8	113	28	1,218
Newcastle Clinic Hospital	Gen	Corp	15	5	40	7	408
Noblesville, 4,811—Hamilton							
Hamilton County Hospital	Gen	County	30	7	66	15	602
North Madison, 573—Jefferson							
Madison State Hospital	Ment	State	1,580	..	..	1,618	290
Oaklandon, 375—Marion							
Sunnyside Sanatorium	TB	County	261	..	..	261	292
Peru, 12,730—Miami							
Duke-Miami County Memorial Hospital	Gen	County	48	12	92	25	623
Wabash Railroad Employees Hospital	Indus	NPAssn	50	..	..	29	510
Plymouth, 5,586—Marshall							
Marshall County Hospital	Gen	NPAssn	25	6	90	12	622
Portland, 5,576—Jay							
Jay County Hospital	Gen	NPAssn	15	4	24	10	462
Princeton, 6,205—Gibson							
Methodist Episcopal Hospital	Gen	Church	30	5	90	16	657
Rensselaer, 2,978—Jasper							
Jasper County Hospital	Gen	County	32	8	135	3	965
Richmond, 32,405—Wayne							
Reid Memorial Hospital§	Gen	NPAssn	136	22	279	64	2,941
Richmond State Hospital	Ment	State	1,387	..	..	1,340	246
Smith-Estelle Memorial Hosp.	TB	County	50	..	..	23	53
Rochester, 5,518—Fulton							
Woodlawn Hospital	Gen	Indiv	15	4	20	14	584
Rockville, 1,832—Parke							
Indiana State Sanatorium§	TB	State	211	..	..	204	184
Rushville, 5,709—Rush							
City Hospital	Gen	City	8	3	24	3	161
Seymour, 7,508—Jackson							
Schneck Memorial Hospital	Gen	NPAssn	23	4	75	18	500
Shelbyville, 10,618—Shelby							
W. S. Major Hospital	Gen	City	29	4	56	13	511
South Bend, 104,193—St. Joseph							
Epworth Hospital§§	Gen	NPAssn	155	37	483	91	2,913
Healthwin Hospital	TB	County	215	..	..	204	314
Pennington Sanitarium	N&M	Indiv	18	..	..	5	39
St. Joseph Hospital§§	Gen	Church	125	22	308	73	2,251
Sullivan, 3,366—Sullivan							
Mary Sherman Memorial Hosp.	Gen	County	50	7	65	26	829

Key to symbols and abbreviations is on page 798

INDIANA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Tell City, 4,873—Perry							
Parkview Hospital	Gen	Indiv	12	2	18	4	218
Terre Haute, 62,810—Vigo							
Hoover's Sanatorium (col.)	Gen	Indiv	10	2	10	5	153
St. Anthony's Hospital[b]	Gen	Church	176	15	294	70	2,713
Union Hospital[b]	Gen	NPAssn	150	20	226	90	3,084
Union City, 3,084—Randolph							
Union City Hospital	Gen	Indiv	17	4	18	8	301
Valparaiso, 8,675—Porter							
Christian Hospital	Gen	Church	20	5	48	10	373
Veterans Administration Hospital—Grant							
Veterans Admin. Facility	Ment	Vet	1,500	..	..	1,473	426
Vincennes, 17,564—Knox							
Good Samaritan Hospital[b]	Gen	County	92	7	78	39	1,250
Wabash, 8,846—Wabash							
Wabash County Hospital	Gen	County	30	6	48	17	360
Warsaw, 5,730—Kosciusko							
McDonald Hospital	Gen	Indiv	17	3	50	6	534
Washington, 9,056—Daviess							
Daviess County Hospital	Gen	County	50	4	113	31	1,262
Williamsport, 1,853—Warren							
Williamsport Hospital	Gen	Indiv	12	4	17	7	295
Winchester, 4,487—Randolph							
Randolph County Hospital	Gen	County	30	4	73	13	649
Wolflake, 367—Noble							
Luckey Hospital	Gen	Part	20	4	15	10	272
Related Institutions							
Anderson, 39,804—Madison							
Ella R. Keker Hospital	TB	County	100	..	..	60	319
Butlerville, 450—Jennings							
Muscatatuck Colony	MeDe	State	619	..	..	593	34
Chesterton, 2,231—Porter							
Wallace M. Pearson Hospital	Gen	Indiv	10	4	..	New	...
Dillsboro, 502—Dearborn							
Dillsboro Sanitarium	Conv	NPAssn	95	..	..	60	...
Ft. Wayne, 114,946—Allen							
Ft. Wayne and Allen County Isolation Hospital	Iso	CyCo	10	..	..	2	25
Ft. Wayne State School	MeDe	State	1,728	..	..	1,709	132
Grace Convalescent Hospital	Conv	Indiv	16	..	..	7	31
Greencastle, 4,613—Putnam							
Indiana State Farm Hospital	Inst	State	50	..	..	7	387
Greensburg, 5,262—Decatur							
Odd Fellows Home Hospital	Inst	Frat	100	..	..	75	85
Indianapolis, 364,161—Marion							
Indianapolis Orphan Asylum	Inst	NPAssn	14	..	..	8	301
Indiana State School for the Deaf	Inst	State	24	..	..	5	280
Julietta Insane Hospital	Ment	County	250	..	..	225	139
Sherman Coleman Home	Mat	NPAssn	20	20	55	18	64
Knightstown, 2,200—Henry							
Indiana Sailors' and Soldiers' Children's Home	Inst	State	35	..	..	12	940
Kramer, 1,200—Warren							
Madiavia Springs Hotel and Sanitarium	Conv	Corp	30	..	..	25	425
LaFayette, 36,240—Tippecanoe							
Indiana State Soldiers' Home Hospital	Inst	State	140	..	..	80	412
Lagrange, 1,646—Lagrange							
Erwin Hospital	Gen	Indiv	10	2	9	3	132
Michigan City, 36,736—LaPorte							
Indiana Hospital for Insane Criminals	Ment	State	240	..	..	..	23
Indiana State Prison Hospital	Inst	State	80	..	..	44	1,206
Mooresville, 1,910—Morgan							
Comer's Sanitarium	Proct	Part	20	..	..	10	120
Newcastle, 14,027—Henry							
Indiana Village for Epileptics	Epil	State	915	..	..	920	115
Pendleton, 1,558—Madison							
Indiana State Reformatory Hospital	Inst	State	120	..	..	41	1,827
Plainfield, 1,617—Hendricks							
Indiana Boys School Hospital	Inst	State	27	..	..	4	458
Tipton, 4,861—Tipton							
Emergency Hospital	Gen	Indiv	7	..	65	..	175
Wilkinson, 316—Hancock							
Dr. Charles Titus Hospital	ENT	Indiv	7	..	..	1	360

Summary for Indiana:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	110	18,220	14,580	134,339
Related institutions	23	4,665	4,217	8,072
Totals	133	22,884	18,806	142,411
Refused registration	15	685		

IOWA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Akron, 1,304—Plymouth							
Akron Hospital	Gen	Indiv	14	3	20	6	238
Albia, 4,425—Monroe							
Miner's Hospital	Gen	Indiv	25	4	11	8	427
Algona, 5,985—Kossuth							
Kossuth Hospital	Gen	Indiv	26	5	60	15	545
Allerton, 784—Wayne							
Parker Hospital	Gen	Indiv	10	2	8	2	92

IOWA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Alta, 1,297—Buena Vista							
Alta Community Hospital	Gen	NPAssn	13	6	24	8	188
Anamosa, 3,579—Jones							
Mercy Hospital	Gen	Church	35	6	50	25	500
Atlantic, 5,585—Cass							
Atlantic Hospital	Gen	Corp	30	6	44	16	518
Battle Creek, 804—Ida							
New Battle Creek Hospital and Sanitarium	Gen	Indiv	16	2	23	10	320
Boone, 11,886—Boone							
Boone County Hospital	Gen	County	40	10	212	14	755
Burlington, 29,755—Des Moines							
Burlington Protestant Hosp.[b]	Gen	NPAssn	105	20	177	73	1,820
Mercy Hospital[b]	Gen	Church	125	20	173	57	1,343
St. Francis Hospital	Gen	Church	45	12	80	12	750
Carroll, 4,681—Carroll							
St. Anthony Hospital[b]	Gen	Church	108	22	315	71	2,386
Cedar Falls, 7,362—Black Hawk							
Sartori Memorial Hospital	Gen	City	35	6	111	12	445
Cedar Rapids, 56,097—Linn							
Mercy Hospital[b]	Gen	Church	150	27	302	72	2,220
St. Luke's Methodist Hosp.[a]	Gen	Church	130	30	379	75	2,853
Centerville, 5,147—Appanoose							
St. Joseph's Mercy Hospital	Gen	Church	47	6	76	22	982
Chariton, 5,265—Lucas							
Yocom Hospital	Gen	Indiv	16	4	30	10	...
Charles City, 6,629—Floyd							
Cedar Valley Hospital	Gen	City	25	5	73	12	742
Cherokee, 6,442—Cherokee							
Cherokee State Hospital	Ment	State	1,632	..	..	1,546	431
Sioux Valley Hospital	Gen	NPAssn	35	8	91	25	1,038
Clarinda, 4,982—Page							
Clarinda State Hospital	Ment	State	1,400	..	..	1,399	646
Clinton, 25,736—Clinton							
Jane Lamb Memorial Hosp.[b]	Gen	NPAssn	100	12	226	51	2,732
St. Joseph Mercy Hospital[b]	Gen	Church	85	15	210	55	1,076
Colfax, 2,213—Jasper							
Colfax Sanitarium	Gen	Corp	26	1	8	5	175
Council Bluffs, 42,048—Pottawattamie							
Jennie Edmundson Memorial Hospital[b]	Gen	NPAssn	116	14	191	63	1,819
Mercy Hospital[b]	Gen	Church	135	14	185	92	2,401
St. Bernard's Hospital	N&M	Church	240	..	..	163	256
Cresco, 3,089—Howard							
St. Joseph Mercy Hospital	Gen	Church	20	5	58	9	296
Creston, 8,815—Union							
Greater Community Hospital	Gen	NPAssn	50	5	25	14	551
Davenport, 60,751—Scott							
Mercy Hospital[a,c]	Gen	Church	125	20	450	65	2,580
Pine Knoll Sanitarium	TB	County	100	..	..	86	144
St. Elizabeth's Hospital	Unit of Mercy Hospital						
St. John's Hospital	Unit of Mercy Hospital						
St. Luke's Hospital[b]	Gen	Church	81	19	283	32	1,524
Decorah, 4,581—Winneshiek							
Decorah Hospital	Gen	NPAssn	30	6	75	15	481
Denison, 3,965—Crawford							
Denison Hospital	Gen	Indiv	15	3	12	3	221
Des Moines, 142,559—Polk							
Broadlawns Polk County Public Hospital, Contagious Department	Iso	County	46	3	..	12	280
Broadlawns Polk County Public Hospital[a,c]	Gen	County	160	17	532	95	3,550
Broadlawns Polk County Public Hospital, Tuberculosis Department	TB	County	160	..	..	52	74
Iowa Lutheran Hospital[a,c]	Gen	Church	135	25	316	71	2,500
Iowa Methodist Hospital[a,c]	Gen	Church	220	40	772	136	5,670
Mercy Hospital[a,c]	Gen	Church	153	23	448	94	3,173
The Retreat	N&M	Corp	50	..	..	33	144
Veterans Admin. Facility	Gen	Vet	300	..	..	261	2,189
Dubuque, 41,679—Dubuque							
Finley Hospital[b]	Gen	NPAssn	91	10	149	44	1,502
St. Joseph Mercy Hospital[b]	Gen	Church	125	25	302	70	2,305
St. Joseph Sanitarium	N&M	Church	200	..	..	158	501
Sunny Crest Sanatorium	TB	County	70	..	..	69	69
Eldora, 3,300—Hardin							
Eldora Booth Memorial Hosp.	Gen	NPAssn	18	6	48	3	310
Emmetsburg, 2,965—Palo Alto							
Palo Alto Hospital	Gen	NPAssn	13	4	30	5	225
Estherville, 4,940—Emmet							
Birney Hospital	Gen	Indiv	15	2	22	7	225
Coleman Hospital	Gen	NPAssn	35	6	61	12	651
Fairfield, 6,619—Jefferson							
Jefferson County Hospital	Gen	County	24	6	87	12	510
Forest City, 2,016—Winnebago							
Irish Hospital	Gen	Indiv	12	5	62	9	600
Ft. Des Moines, 700—Polk							
Station Hospital	Gen	Army	60	..	..	71	1,433
Ft. Dodge, 21,895—Webster							
Lutheran Hospital	Gen	Church	64	17	220	44	1,835
St. Joseph Mercy Hospital[b]	Gen	Church	125	12	180	44	1,864
Ft. Madison, 13,779—Lee							
A. T. & S. F. Railway Hosp.	Indus	NPAssn	60	..	..	19	384
Sacred Heart Hospital	Gen	Church	60	12	108	28	1,200
Grinnell, 4,940—Poweshiek							
Grinnell Community Hospital	Gen	NPAssn	54	6	70	16	584
St. Francis Hospital	Gen	Church	40	10	54	22	550
Hamburg, 2,103—Fremont							
Hamburg Hospital	Gen	Indiv	20	5	40	10	544
Hampton, 3,473—Franklin							
Lutheran Hospital	Gen	Church	46	8	70	21	983
Hartley, 1,272—O'Brien							
Hand Hospital	Gen	Indiv	12	2	20	4	212
Hull, 905—Sioux							
Hull Hospital	Gen	Corp	15	2	17	10	422

Key to symbols and abbreviations is on page 798

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IOWA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Ida Grove, 2,206—Ida							
Ida Grove General Hospital	Gen	Part	15	4	15	6	125
Independence, 5,091—Buchanan							
Independence State Hospital	Ment	State	1,768	..	..	1,714	300
Peoples Hospital	Gen	NPAssn	26	6	67	8	427
Iowa City, 15,340—Johnson							
Children's Hospital	Unit of University Hospitals						
Iowa State Psychopathic Hospital[9]	Ment	State	60	..	..	41	208
Mercy Hospital[9]	Gen	Chureh	100	16	220	60	1,380
University Hospitals[9,10]	Gen	State	900	54	1,156	780	10,222
Iowa Falls, 4,112—Hardin							
Ellsworth Hospital	Gen	City	18	6	38	12	388
Keokuk, 13,108—Lee							
Graham Protestant Hospital[9]	Gen	Corp	65	16	104	42	1,208
St. Joseph's Hospital[9]	Gen	Church	120	15	261	65	1,845
Knoxville, 4,607—Marion							
Veterans Admin. Facility	Ment	Vet	851	..	..	839	293
Lake City, 2,012—Calhoun							
McCrary Hospital	Gen	Indiv	25	4	24	6	312
McVay Memorial Hospital	Gen	Part	12	5	35	8	300
Le Mars, 4,786—Plymouth							
Sacred Heart Hospital[9]	Gen	Church	50	10	80	22	812
Manning, 1,617—Carroll							
Wyatt Memorial Hospital	Gen	Indiv	30	4	20	3	110
Maquoketa, 4,506—Jackson							
City Memorial Hospital	Gen	Indiv	30	4	31	11	285
Marshalltown, 17,573—Marshall							
Evangelical Deaconess Home and Hospital[9]	Gen	Church	125	15	241	84	2,475
St. Thomas Mercy Hospital[9]	Gen	Church	65	15	77	31	836
Mason City, 29,304—Cerro Gordo							
Park Hospital	Gen	Corp	45	12	121	20	972
St. Joseph's Mercy Hospital	Gen	Church	88	17	229	43	1,602
Story Hospital	Gen	Part	10	3	17	3	332
McGregor, 1,259—Clayton							
McGregor Hospital	Gen	Indiv	10	3	15	4	116
Monticello, 2,250—Jones							
John McDonald Hospital	Gen	NPAssn	25	5	71	15	530
Mt. Pleasant, 3,743—Henry							
Mt. Pleasant State Hospital	Ment	State	1,650	..	..	1,586	422
Muscatine, 16,178—Muscatine							
Bellevue Hospital	Gen	Indiv	30	6	46	10	453
Benjamin Hershey Memorial Hospital	Gen	NPAssn	50	6	84	19	979
Nevada, 6,135—Story							
Iowa Sanitarium and Hospital	Gen	Church	40	5	40	16	429
New Hampton, 2,458—Chickasaw							
St. Joseph's Hospital	Gen	Church	51	9	79	19	777
Newton, 15,562—Jasper							
Mary Frances Skiff Memorial Hospital	Gen	City	44	10	174	26	900
Oakdale, 22—Johnson							
State Sanatorium for Tuberculosis	TB	State	350	..	..	337	157
Oelwein, 7,794—Fayette							
Mercy Hospital	Gen	Church	25	5	77	15	540
Onawa, 2,528—Monona							
Onawa Hospital	Gen	Indiv	13	2	20	6	243
Osceola, 2,871—Clarke							
Harken Hospital	Gen	Indiv	20	6	20	10	321
Osceola Hospital	Gen	Part	20	4	34	8	295
Osceola Sanitarium and Hosp.	Gen	Indiv	10	3	18	5	55
Oskaloosa, 10,123—Mahaska							
Mercy Hospital	Gen	Part	35	5	38	14	386
Ottumwa, 29,075—Wapello							
Ottumwa Hospital	Gen	Corp	65	12	219	37	1,572
St. Joseph Hospital	Gen	Church	70	12	174	46	1,356
Sunnyslope Sanatorium	TB	County	100	..	..	85	139
Perry, 5,861—Dallas							
Kings Daughters Hospital	Gen	NPAssn	25	5	..	12	...
Red Oak, 5,778—Montgomery							
Murphy Memorial Hospital	Gen	Indiv	10	4	22	4	155
Sheldon, 3,920—O'Brien							
Sheldon Good Samaritan Hosp.	Gen	Church	25	5	10	5	256
Shenandoah, 4,526—Page							
Henry and Catherine Hand Hospital	Gen	NPAssn	25	6	82	10	667
Sibley, 1,870—Osceola							
Osceola Hospital	Gen	Part	18	4	17	6	320
Sibley Hospital	Gen	Indiv	15	4	18	7	290
Sigourney, 2,382—Keokuk							
Sigourney Hospital	Gen	Indiv	11	2	7	2	122
Sioux City, 79,183—Woodbury							
Lutheran Hospital[9]	Gen	Church	73	12	203	47	1,649
Methodist Hospital[9]	Gen	Church	120	18	384	77	3,243
St. Joseph's Mercy Hospital[9,6]	Gen	Church	200	20	388	100	4,356
St. Vincent's Hospital[9]	Gen	Church	115	16	236	80	3,665
Spencer, 5,019—Clay							
Spencer Hospital	Gen	NPAssn	25	5	65	11	550
Toledo, 1,825—Tama							
Sac and Fox Tuberculosis Sanatorium	TB	I A	87	..	2	74	132
Vinton, 3,373—Benton							
Virginia Gay Hospital	Gen	City	25	6	52	10	366
Washington, 4,814—Washington							
Washington County Hospital	Gen	County	35	5	115	16	585
Waterloo, 46,191—Black Hawk							
Allen Memorial Hospital	Gen	Church	75	8	176	24	1,052
Presbyterian Hospital	Gen	NPAssn	36	10	219	27	1,328
St. Francis Hospital	Gen	Church	80	10	242	52	1,697
Waverly, 3,652—Bremer							
St. Joseph Mercy Hospital	Gen	Church	50	6	79	18	764
West Union, 2,656—Fayette							
West Union Community Hosp.	Gen	City	10	2	24	4	222
Williamsburg, 1,279—Iowa							
Watts Hospital	Gen	Indiv	25	..	10	4	135
Related Institutions							
Ames, 10,261—Story							
Iowa State College Hospital	Inst	State	90	..	..	12	1,005
Anamosa, 3,579—Jones							
Reformatory Hospital	Inst	State	40	..	..	10	591
Belmond, 1,733—Wright							
Belmond Hospital	Gen	Indiv	8	..	..	3	135
Bettendorf, 2,768—Scott							
Masonic Sanitarium	Conv	Frat	65	..	..	42	17
Burlington, 26,755—Des Moines							
Des Moines County Asylum	Ment	County	66	..	..	60	...
Clarion, 2,558—Wright							
Tompkins and Walker Hospital	Gen	Part	10	3	No data supplied		
Council Bluffs, 42,048—Pottawattamie							
Christian Home Orphanage	Inst	NPAssn	31	3	..	9	441
Iowa School for the Deaf Infirmary	Inst	State	25	..	..	24	739
Davenport, 60,751—Scott							
Des Moines County Asylum	Ment	County	66	..	..	60	...
Clarion, 2,558—Wright							
Tompkins and Walker Hospital	Gen	Part	10	3	No data supplied		
Council Bluffs, 42,048—Pottawattamie							
Christian Home Orphanage	Inst	NPAssn	31	3	..	9	441
Iowa School for the Deaf Infirmary	Inst	State	25	..	..	24	739
Davenport, 60,751—Scott							
Masonic Sanitarium	Conv	Frat	65	..	..	42	17
Burlington, 26,755—Des Moines							
Des Moines County Asylum	Ment	County	66	..	..	60	...
Clarion, 2,558—Wright							
Tompkins and Walker Hospital	Gen	Part	10	3	No data supplied		
Council Bluffs, 42,048—Pottawattamie							
Christian Home Orphanage	Inst	NPAssn	31	3	..	9	441
Iowa School for the Deaf Infirmary	Inst	State	25	..	..	24	739
Davenport, 60,751—Scott							
Soldiers' Orphans' Home Hospital	Inst	State	44	16	..	51	1,200
Des Moines, 142,559—Polk							
Benedict Home	Mat	NPAssn	30	15	18	20	98
Junior League Convalescent Home for Children	Conv	Corp	16	..	..	13	...
Salvation Army Rescue Home and Maternity Hospital	Mat	Church	55	30	101	4	106
Iowa Training School for Boys Hospital	Inst	State	29	..	..	16	1,240
Elkader, 1,382—Clayton							
Clayton County Asylum	Ment	County	44	..	..	40	...
Ft. Madison, 13,779—Lee							
Iowa State Penitentiary Hosp	Inst	State	37	..	..	17	311
Glenwood, 4,995—Mills							
Iowa Institution for Feebleminded Children	MeDe	State	1,800	..	..	1,761	376
Hurlan, 3,145—Shelby							
Harlan Hospital	Gen	Indiv	14	6	42	4	625
Hawarden, 2,459—Sioux							
Hawarden Hospital	Gen	Part	8	2	10	3	120
Indianola, 3,488—Warren							
Community Hospital	Gen	Indiv	6	3	12	1	45
Manchester, 5,413—Delaware							
Kocher Hospital	Gen	Indiv	7	2	20	3	82
Marshalltown, 17,573—Marshall							
Iowa Soldiers' Home Hospital	Inst	State	250	..	..	125	...
Odebolt, 1,288—Sac							
Odebolt Hospital	Gen	Indiv	9	3	6	3	56
Orange City, 1,727—Sioux							
De Bey Hospital	Gen	Indiv	10	1	5	3	157
Doornink Hospital	Gen	Indiv	10	2	9	3	170
Osage, 2,884—Mitchell							
Nissen Hospital	Gen	City	8	3	16	3	190
Postville, 1,666—Allamakee							
Postville Community Hospital	Gen	Corp	13	1	15	6	157
Red Oak, 5,778—Montgomery							
Powell School for Backward and Nervous Children	MeDe	Part	45	..	..	40	9
Sac City, 2,854—Sac							
Sac City Hospital	Gen	Indiv	10	3	28	5	235
Sioux City, 79,183—Woodbury							
Florence Crittenton Home	Mat	NPAssn	40	7	61	25	65
Toledo, 1,825—Tama							
State Juvenile Home Hospital	Inst	State	35	..	..	11	324
Waukon, 2,526—Allamakee							
Hall Hospital	Mat	Indiv	9	6	32	2	54
Bonsinger and Jeffries Emergency Hospital	Gen	Part	8	..	..	2	84
Winterset, 2,921—Madison							
Winterset Hospital	Gen	Indiv	14	5	55	8	350
Woodward, 901—Dallas							
Hospital for Epileptics and School for Feebleminded	MeDe	State	1,300	..	..	1,264	139

Summary for Iowa:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	124	15,356	12,440	127,286
Related institutions	34	4,170	3,590	10,054
Totals	158	19,726	16,030	137,340
Refused registration	23	554		

KANSAS

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Abilene, 5,634—Dickinson							
Dickinson County Memorial Hospital	Gen	NPAssn	23	4	48	11	460
Anthony, 2,947—Harper							
Galloway Hospital	Gen	Indiv	30	7	137	30	1,143
Arkansas City, 13,946—Cowley							
Mercy Hospital	Gen	NPAssn	40	7	130	10	751
Stricklen Hospital	Gen	Indiv	28	5	12	5	386
Atchison, 13,024—Atchison							
Atchison Hospital	Gen	NPAssn	32	8	961	14	721

Key to symbols and abbreviations is on page 798

KANSAS—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Augusta, 4,033—Butler							
Augusta Hospital	Gen	Indiv	10	3	13	6	149
Belleville, 2,383—Republic							
R. G. Patterson Memorial Hosp.	Gen	Church	20	5	19	11	229
Beloit, 3,502—Mitchell							
Community Hospital	Gen	NPAssn	50	10	86	24	902
Chanute, 10,277—Neosho							
Johnson Hospital[3]	Gen	Corp	50	6	40	23	910
Coffeyville, 16,198—Montgomery							
Southeast Kansas Hospital[3]	Gen	NPAssn	18	3	57	8	427
Columbus, 3,235—Cherokee							
Maude Norton Memorial City Hospital	Gen	City	16	2	6	6	257
Concordia, 5,702—Cloud							
St. Joseph's Hospital[3]	Gen	Church	75	10	70	45	1,224
Dodge City, 10,659—Ford							
St. Anthony Hospital[3]	Gen	Church	82	14	111	49	1,389
Eldorado, 10,311—Butler							
Susan B. Allen Memorial Hospital[3]	Gen	NPAssn	43	7	103	27	1,028
Elkhart, 1,435—Morton							
Tucker Hospital	Gen	Indiv	20	3	No data supplied		
Ellsworth, 2,072—Ellsworth							
Ellsworth Hospital[3]	Gen	NPAssn	35	5	74	20	726
Emporia, 14,067—Lyon							
Newman Memorial County Hospital[3]	Gen	County	66	14	174	37	1,103
St. Mary's Hospital	Gen	Church	75	12	..	..	...
Ft. Leavenworth, 5,925—Leavenworth							
Station Hospital	Gen	Army	160	6	64	68	2,489
Ft. Riley, 2,610—Geary							
Station Hospital	Gen	Army	251	8	74	124	2,644
Ft. Scott, 10,763—Bourbon							
Mercy Hospital[3]	Gen	Church	100	10	178	83	2,326
Garden City, 6,121—Finney							
St. Catherine's Hospital[3]	Gen	Church	41	9	165	26	1,009
Girard, 2,442—Crawford							
Girard General Hospital	Gen	City	14	2	21	7	243
Goessel, 136—Marion							
Mennonite Bethesda Hospital	Gen	Church	14	5	42	9	264
Goodland, 3,626—Sherman							
Boothroy Memorial Hospital	Gen	Church	22	3	49	9	332
Great Bend, 5,548—Barton							
St. Rose Hospital[3]	Gen	Church	70	13	251	51	1,327
Halstead, 1,373—Harvey							
Halstead Hospital[3]	Gen	Church	170	8	49	76	2,308
Hays, 4,618—Ellis							
Hays Protestant Hospital	Gen	Church	38	5	37	14	391
St. Anthony's Hospital	Gen	Church	100	22	196	80	2,672
Hoisington, 3,691—Barton							
Atkin Hospital	Gen	Indiv	15	2	No data supplied		
Horton, 4,040—Brown							
Horton Hospital	Gen	Corp	15	6	133	10	642
Hutchinson, 27,065—Reno							
Grace Hospital	Gen	Church	90	18	494	64	2,522
St. Elizabeth Mercy Hospital[3]	Gen	Church	60	12	231	28	805
Independence, 12,782—Montgomery							
Mercy Hospital[3]	Gen	Church	80	5	55	24	735
Junction City, 7,407—Geary							
Junction City Municipal Hosp.	Gen	City	34	12	69	16	723
Kansas City, 121,857—Wyandotte							
Bell Memorial Hospital[3,6]	Gen	State	228	22	403	180	5,374
Bethany Methodist Hospital[3]	Gen	Church	120	25	280	75	2,571
Douglass Hospital (col.)	Gen	Church	25	2	No data supplied		
Grandview Sanitarium	N&M	Indiv	38	..	..	18	367
Providence Hospital[3]	Gen	Church	100	18	197	79	1,987
St. Margaret's Hospital[3]	Gen	Church	250	20	294	125	3,567
Larned, 3,532—Pawnee							
Larned City Hospital	Gen	NPAssn	15	3	65	5	250
Larned State Hospital	Ment	State	1,048	..	..	1,023	200
Lawrence, 13,726—Douglas							
Lawrence Memorial Hospital	Gen	City	52	10	200	18	1,001
Leavenworth, 17,466—Leavenworth							
Cushing Memorial Hospital[3]	Gen	NPAssn	55	10	90	19	661
St. John's Hospital[3]	Gen	Church	65	10	75	35	866
Liberal, 5,294—Seward							
Epworth Hospital	Gen	Church	42	9	42	12	474
Lyons, 3,626—Rice							
Lyons Hospital	Gen	NPAssn	20	6	127	9	467
Manhattan, 10,136—Riley							
Charlotte Swift Memorial Hospital[3]	Gen	NPAssn	35	8	55	12	385
Marysville, 4,013—Marshall							
Randell Hospital	Gen	Indiv	12	3	24	5	214
Mulvane, 1,042—Sumner							
A. T. & S. F. Railway Hosp.	Indus	NPAssn	60	..	..	32	481
Newton, 11,694—Harvey							
Axtell Christian Hospital[3]	Gen	Church	51	12	124	29	1,297
Bethel Deaconess Hospital[3]	Gen	Church	48	12	152	33	948
Norton, 2,767—Norton							
Laird Memorial Hospital	Gen	Church	20	8	45	9	357
State Sanatorium for Tuberculosis	TB	State	267	..	..	261	203
Osawatomie, 4,440—Miami							
Osawatomie State Hospital[3]	Ment	State	1,670	..	..	1,654	252
Ottawa, 9,563—Franklin							
Ransom Memorial Hospital	Gen	County	35	12	87	14	573
Parsons, 14,903—Labette							
Mercy Hospital	Gen	Church	35	4	No data supplied		
M. K. T. Railroad Employes' Hospital	Indus	NPAssn	50	..	..	30	486
State Hospital for Epileptics	Epil	State	808	..	..	808	121
Pittsburg, 18,145—Crawford							
Mt. Carmel Hospital[3]	Gen	Church	75	6	102	41	1,250

KANSAS—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Pratt, 6,322—Pratt							
Ninnescah Hospital[3]	Gen	Corp	18	4	53	12	665
Quinter, 570—Gove							
Quinter Hospital and Sanit.	Gen	Indiv	10	5	39	4	246
Ransom, 431—Ness							
Mid-West Hospital	Gen	Indiv	12	4	..	4	350
Sabetha, 2,322—Nemaha							
St. Anthony Murdock Memorial Hospital[3]	Gen	Church	100	11	99	55	1,807
Salina, 20,155—Saline							
Asbury Protestant Hospital[3]	Gen	Church	45	10	116	34	1,022
St. John's Hospital[3]	Gen	Church	55	13	130	23	929
Spearville, 703—Ford							
Perkins Hospital	Gen	NPAssn	10	5	19	5	333
Stafford, 1,014—Stafford							
Feldhut Memorial Hospital	Gen	Indiv	16	4	23	..	165
Sterling, 1,465—Rice							
Sterling Hospital	Gen	NPAssn	20	4	31	8	547
Syracuse, 1,383—Hamilton							
Donohue Memorial Hospital	Gen	County	25	6	57	7	335
Topeka, 64,120—Shawnee							
A. T. & S. F. Railway Hosp.	Indus	NPAssn	140	..	..	90	2,324
Christ's Hospital[3]	Gen	Church	94	20	192	51	1,439
Hillcrest Sanatorium	TB	CyCo	60	..	..	42	151
Jane C. Stormont Hospital[3]	Gen	NPAssn	75	15	334	61	1,579
Menninger Sanitarium[4,6]	N&M	Corp	50	..	..	37	140
St. Francis Hospital[3]	Gen	Church	75	12	185	50	1,510
Security Benefit Association Hospital	Gen	Frat	250	..	..	71	1,332
Topeka State Hospital	Ment	State	1,827	..	..	1,849	274
Veterans Administration Home, 3,176—Leavenworth							
Veterans Admin. Facility	Gen	Vet	741	..	..	549	4,250
Wamego, 1,647—Pottawatomie							
Genn Hospital	Gen	City	15	4	29	5	179
Wellington, 7,405—Sumner							
Hatcher Hospital	Gen	NPAssn	30	5	31	5	375
St. Luke's Hospital	Gen	NPAssn	25	9	66	8	512
Wichita, 111,110—Sedgwick							
Coffman Hospital	Gen	Indiv	13	2	12	5	300
St. Francis Hospital[3,6]	Gen	Church	275	25	439	140	4,089
Sedgwick County Hospital	Gen	County	70	4	30	54	2,000
Veterans Admin. Facility	Gen	Vet	179	..	..	151	1,253
Wesley Hospital[3]	Gen	Church	222	24	409	125	3,947
Wichita Hospital[3]	Gen	Church	100	15	220	75	3,127
Winfield, 9,398—Cowley							
St. Mary's Hospital[3]	Gen	Church	50	6	77	30	981
William Newton Memorial Hospital[3]	Gen	City	42	10	132	29	1,040
Related Institutions							
Ashland, 1,292—Clark							
Ashland Hospital	Gen	Corp	10	4	44	3	280
Atchison, 13,924—Atchison							
Prospect Park Sanitarium	N&M	Indiv	22	..	..	13	67
Burlington, 2,573—Coffey							
Burlington Hospital	Gen	Indiv	15	3	10	3	124
Ellsworth, 2,072—Ellsworth							
Mother Bickerdyke Home and Hospital	Inst	State	33	..	..	22	67
Ft. Dodge, 515—Ford							
Kansas State Soldiers' Home Hospital	Inst	State	30	..	..	30	229
Ft. Leavenworth, 5,925—Leavenworth							
U. S. Penitentiary Annex Hosp.	Inst	Fed	175	..	..	112	1,809
Lansing, 812—Leavenworth							
Asylum for Dangerous Insane	Ment	State	75	..	..	70	8
Kansas State Penitentiary Hosp.	Inst	State	55	..	..	23	670
Lawrence, 13,726—Douglas							
Haskell Institute Hospital	Inst	I A	40	..	..	10	606
Watkins Memorial Hospital	Inst	State	46	..	..	16	1,214
Leavenworth, 17,466—Leavenworth							
Evergreen Sanitarium	N&M	Indiv	30	..	No data supplied		
U. S. Penitentiary Hospital	Inst	Fed	180	..	..	116	1,831
Lebanon, 723—Smith							
Lebanon Hospital	Gen	Indiv	10	2	4	..	60
Lincoln, 1,722—Lincoln							
City Hospital	Gen	Indiv	8	1	10	3	136
Little River, 618—Rice							
Hoffman Memorial Hospital	Gen	City	18	2	5	3	98
Manhattan, 10,136—Riley							
Kansas State College Hosp.	Inst	State	30	..	..	1	214
Marysville, 4,013—Marshall							
Marysville Hospital	Gen	Indiv	10	2	10	3	160
Nashville, 254—Kingman							
Nashville Hospital	Gen	Indiv	9	1	14	2	157
Norwich, 477—Kingman							
Norwich Hospital	Gen	Indiv	7	2	7	4	260
Olathe, 3,656—Johnson							
State School for the Deaf	Inst	State	18	..	..	1	235
Scott City, 1,544—Scott							
Scott City Hospital	Gen	Indiv	9	4	36	2	160
Topeka, 64,120—Shawnee							
Florence Crittenton Home	Mat	NPAssn	18	12	26	14	36
Nellie Johns Memorial Hosp. (col.)	Inst	State	20	..	..	5	...
State Industrial School for Boys	Inst	State	24	..	..	9	275
Wichita, 111,110—Sedgwick							
Salvation Army Home and Hospital	Mat	Church	79	19	80	4	95
Sedgwick County Tuberculosis Sanitarium	TB	County	60	..	..	50	67

Key to symbols and abbreviations is on page 796

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KANSAS—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Suburban Rest Sanitarium	Conv	Indiv	30	..	..	10	120
Wichita Children's Home Hosp.	Inst	NPAssn	25	..	..	8	200
Winfield, 9,358—Cowley							
State Training School	MeDe	State	1,294	..	.. 1,033		159

Summary for Kansas:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	12	11,988	9,149	94,822
Related institutions	32	2,392	1,564	9,132
Totals	124	14,258	10,712	103,754
Refused registration	32	736		

KENTUCKY

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Anchorage, 564—Jefferson							
Herd Sanatorium	N&M	Indiv	55	..	..	33	78
Ashland, 29,074—Boyd							
Grace Memorial Hospital	Gen	Indiv	70	5	25	21	256
Kings Daughters Hospital	Gen	NPAssn	75	8	177	23	1,228
Berea, 1,927—Madison							
Berea College Hospital◊	Gen	NPAssn	50	5	30	33	2,750
Beverly, 60—Bell							
Red Bird Evangelical Hospital	Gen	Church	15	5	9	4	150
Bowling Green, 12,348—Warren							
City Hospital	Gen	City	52	8	..	10	...
Carlisle, 1,669—Nicholas							
Johnson Memorial Hospital	Gen	County	11	2	24	..	212
Covington, 65,252—Kenton							
St. Elizabeth Hospital*◊	Gen	Church	309	32	767	202	4,165
Cynthiana, 4,386—Harrison							
Harrison Memorial Hospital	Gen	NPAssn	35	6	30	16	231
Danville, 6,739—Boyle							
Danville and Boyle County Hospital	Gen	CyCo	50	5	..	15	...
Dayton, 9,071—Campbell							
Speer's Memorial Hospital◊	Gen	County	100	15	225	65	2,211
Ft. Knox, 500—Hardin							
Station Hospital	Gen	Army	200	3	23	101	3,020
Ft. Thomas (Newport, P.O.)—Campbell							
Station Hospital	Gen	Army	100	..	5	35	255
Frankfort, 11,626—Franklin							
Kings Daughters Hospital	Gen	NPAssn	30	5	60	20	841
Frenchburg, 246—Menifee							
Frenchburg Hospital	Gen	Church	16	1	..	4	...
Georgetown, 4,239—Scott							
John Graves Ford Memorial Hospital	Gen	CyCo	23	6	50	16	555
Glasgow, 5,042—Barren							
T. J. Samson Community Hosp.	Gen	NPAssn	51	8	42	22	1,368
Harlan, 4,327—Harlan							
Harlan Hospital	Gen	Corp	50	6	No data supplied		
Harrodsburg, 4,020—Mercer							
A. D. Price Memorial Hospital	Gen	NPAssn	20	5	10	8	275
Hazard, 7,021—Perry							
Hazard Hospital	Gen	Corp	70	8	26	33	1,873
Hurst-Snyder Hospital	Gen	Corp	25	2	20	7	295
Henderson, 11,426—Henderson							
Henderson Hospital	Gen	NPAssn	42	5	56	21	900
Hopkinsville, 10,746—Christian							
Jennie Stuart Memorial Hosp.	Gen	NPAssn	27	3	24	20	923
Hyden, 315—Leslie							
Frontier Nursing Service Hospital	Gen	NPAssn	12	6	32	11	396
Jackson, 2,160—Breathitt							
Bach Hospital	Gen	Indiv	28	2	12	12	832
Jenkins, 8,465—Letcher							
Jenkins Hospital	Gen	NPAssn	50	10	No data supplied		
Lebanon, 3,328—Marion							
Baute Infirmary	Gen	Indiv	11	2	15	4	201
Elizabeth's Hospital	Gen	Part	16	6	..	Reopened	
Lexington, 45,736—Fayette							
Good Samaritan Hospital*◊	Gen	Church	300	16	273	135	4,371
High Oaks Sanatorium	N&M	Indiv	35	..	..	18	183
Julius Marks Sanatorium	TB	County	90	..	..	58	116
St. Joseph's Hospital◊	Gen	Church	187	18	220	115	3,813
Shriners Hospital for Crippled Children	Orth	Frat	20	..	..	10	68
U. S. Narcotic Farm	Drug	USPHS	1,000	..	..	New	...
Veterans Admin. Facility	Ment	Vet	286	..	..	269	641
London, 1,956—Laurel							
Pennington General Hospital	Gen	Corp	30	2	10	12	344
Louisa, 1,061—Lawrence							
Louisa General Hospital	Gen	Indiv	35	6	12	6	224
Riverview Hospital	Gen	Indiv	10	..	10	5	130
Louisville, 307,745—Jefferson							
Beechhurst Sanitarium	N&M	Indiv	20	..	..	8	120
Children's Free Hospital◊	Chil	NPAssn	74	..	..	50	1,361
Jewish Hospital◊	Gen	NPAssn	85	14	148	46	1,580
Kentucky Baptist Hospital*◊	Gen	Church	130	20	246	105	3,304
Kosair Crippled Children Hosp.	Orth	NPAssn	77	..	..	48	170
Louisville City Hospital*◊	Gen	City	529	58	1,070	295	10,198
Louisville Neuropathic Sanat.	N&M	Corp	24	..	..	24	288
Methodist Episcopal Deaconess Hospital◊	Gen	Church	75	8	150	33	1,311
Norton Memorial Infirmary*◊	Gen	NPAssn	117	25	217	72	2,626
Red Cross Hospital (col.)◊	Gen	NPAssn	60	6	15	10	235

KENTUCKY—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
St. Anthony's Hospital*◊	Gen	Church	135	22	415	109	2,437
St. Joseph Infirmary◊	Gen	Church	230	30	570	172	5,734
SS. Mary and Elizabeth Hosp.*◊	Gen	Church	140	20	400	63	3,017
State Tuberculosis Sanatorium	TB	State	80	..	..	72	177
Stokes Hospital	N&M	Corp	30	..	..	15	130
U. S. Marine Hospital	Gen	USPHS	135	..	..	59	699
Lynch, 3,650—Harlan							
Lynch Hospital	Gen	Corp	50	4	48	14	532
Madisonville, 6,898—Hopkins							
Madisonville Hospital	Gen	Corp	20	3	14	7	489
Martin, 709—Floyd							
Beaver Valley Hospital	Gen	Indiv	50	5	..	36	...
Mayfield, 5,177—Graves							
Fuller-Gilliam Hospital	Gen	Corp	35	5	31	7	430
Mayfield Hospital	Gen	NPAssn	40	2	31	16	672
Maysville, 6,557—Mason							
Hayswood Hospital	Gen	NPAssn	40	6	40	15	666
Middlesboro, 10,326—Bell							
Middlesboro Hospital◊	Gen	Part	50	6	50	21	1,027
Murray, 2,981—Calloway							
Keys-Houston Clinic Hospital	Gen	Part	25	2	13	8	695
Wm. Mason Memorial Hosp.◊	Gen	NPAssn	46	6	29	25	540
Outwood, —Christian							
Veterans Admin. Facility	TB	Vet	375	..	..	286	967
Owensboro, 22,765—Daviess							
Owensboro City Hospital◊	Gen	City	97	13	187	40	1,841
Paducah, 33,541—McCracken							
Ewart Purcell Isolation Hosp.	Unit of Riverside Hospital						
Illinois Central Hospital	Gen	NPAssn	50	2	2	35	1,544
Riverside Hospital	Gen	City	115	8	264	32	1,590
Paintsville, 2,411—Johnson							
Paintsville Hospital	Gen	Corp	50	2	22	31	1,216
Paris, 6,304—Bourbon							
W. W. Massie Memorial Hosp.◊	Gen	City	51	4	67	22	605
Pewee Valley, 582—Oldham							
Pewee Valley Sanit. and Hosp.	Gen	NPAssn	35	3	6	12	172
Pikeville, 3,576—Pike							
Methodist Hospital	Gen	Church	50	5	35	25	1,091
Pineville, 3,567—Bell							
Pineville Community Hospital	Gen	Corp	25	2	20	12	575
Richmond, 6,495—Madison							
Gibson Hospital	Gen	Indiv	20	..	2	..	100
Pattie A. Clay Infirmary	Gen	NPAssn	40	4	40	24	852
U. S. Public Health Service Tuchoma Hospital	Trach	PelState	38	..	..	36	...
Shelbyville, 4,603—Shelby							
Kings Daughters Hospital	Gen	NPAssn	30	5	58	12	420
Somerset, 5,506—Pulaski							
Somerset General Hospital	Gen	Corp	20	2	18	5	363
Versailles, 2,244—Woodford							
Woodford Memorial Hospital	Gen	CyCo	22	4	48	12	400
Waverly Hills,—Jefferson							
Waverly Hills Sanatorium	TB	CyCo	524	..	..	507	408
Winchester, 6,223—Clark							
Clark County Hospital	Gen	NPAssn	35	5	21	8	406
Guerrant Clinic and Hospital	Gen	NPAssn	20	3	..	10	191

Related Institutions

Barbourville, 2,980—Knox							
Logan Hospital	Gen	Indiv	12	2	12	4	150
Fleming, 1,389—Letcher							
Fleming Hospital	Indus	Corp	25	..	8	6	368
Florence, 450—Boone							
Highway Medical Hospital	Gen	Indiv	25	2	..	5	20
Frankfort, 11,626—Franklin							
Kentucky State Reformatory Hospital	Inst	State	165	..	..	36	...
State Institution for the Feeble-minded	MeDe	State	843	..	..	843	69
Fulton, 3,502—Fulton							
Fulton Hospital	Gen	Corp	14	2	31	4	247
Grayson, 1,022—Carter							
J. Q. Stovall Memorial Hosp.	Gen	Corp	10	1	4	5	158
Guverant, 27—Breathitt							
Highland Institution Hospital	Gen	Church	9	1	1	..	96
Hopkinsville, 10,746—Christian							
Western State Hospital	Ment	State	1,940	..	..	1,910	586
Lakeland, 55—Jefferson							
Central State Hospital	Ment	State	2,300	..	..	2,250	582
Lexington, 45,736—Fayette							
Eastern State Hospital	Ment	State	1,875	..	..	1,806	721
Louisville, 307,745—Jefferson							
Kings Daughters Home for Incurables	Inc	NPAssn	96	..	..	87	10
Mt. St. Agnes Sanitarium	N&M	Church	30	..	No data supplied		
Susan Speed Davis Home and Hospital	MatCh	Church	36	28	66	43	80
Princeton, 4,764—Caldwell							
Princeton Hospital	Gen	NPAssn	30	6	50	..	...
Shelbyville, 4,603—Shelby							
Old Masons' Home of Kentucky Hospital	Inst	Frat	20	..	.	5	21
Smiths Grove, 718—Warren							
Lucy T. Owen Hospital	Gen	Indiv	12	1	..	..	32

Summary for Kentucky:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	81	7,510	4,837	88,727
Related institutions	19	7,520	7,283	5,095
Totals	100	15,030	11,620	93,822
Refused registration	10	153		

Key to symbols and abbreviations is on page 788

LOUISIANA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Alexandria, 23,025—Rapides							
Baptist Hospital	Gen	Church	35	5	164	21	1,254
Veterans Admin. Facility	Gen	Vet	439	..	..	402	1,611
Barksdale Field,—Bossier							
Station Hospital	Gen	Army	150	4	42	88	1,600
Bastrop, 5,121—Morehouse							
Bastrop General Hospital	Gen	Indiv	25	5	22	5	316
Baton Rouge, 30,729—East Baton Rouge							
Baton Rouge General Hosp.◇	Gen	NPAssn	69	6	183	44	1,988
Our Lady of the Lake Sanit.◇	Gen	Church	100	10	294	62	3,075
Bogalusa, 14,029—Washington							
Elizabeth Sullivan Memorial Hospital◇	Gen	Corp	84	12	278	87	4,282
Carville, 308—Iberville							
U. S. Marine Hospital◆	Lepro	USPHS	425	..	..	355	65
Converse, 291—Sabine							
Allen Sanitarium	Gen	Indiv	28	11	57	11	681
Covington, 3,208—St. Tammany							
New Fenwick Sanitarium	N&M	Indiv	64	..	..	13	169
Crowley, 7,656—Acadia							
Crowley Sanitarium	Gen	NPAssn	20	3	40	9	784
De Ridder, 3,737—Beauregard							
De Ridder Sanitarium	Gen	Corp	16	2	25	2	240
Ferriday, 2,502—Concordia							
Ferriday Hospital	Gen	Part	10	2	24	4	213
Greenwell Springs, —East Baton Rouge							
Greenwell Springs Sanatorium.	TB	State	100	..	..	85	84
Haynesville, 2,541—Claiborne							
Haynesville Hospital◆	Gen	Corp	25	2	11	5	257
Jackson, 3,966—East Feliciana							
East Louisiana State Hosp.	Ment	State	3,635	..	..	3,435	796
Parker Hospital	Unit of East Louisiana State Hospital						
Lafayette, 14,635—Lafayette							
Lafayette Sanitarium	Gen	Corp	25	2	34	5	367
St. John Hospital	Gen	Indiv	25	2	37	12	1,151
Lake Charles, 15,791—Calcasieu							
St. Patrick's Hospital◇	Gen	Church	75	8	160	35	2,172
Lecompte, 1,247—Rapides							
Lecompte Sanitarium	Gen	Part	21	2	75	7	500
Mansfield, 3,837—De Soto							
Mansfield Sanitarium	Gen	NPAssn	32	2	19	6	354
Minden, 5,623—Webster							
Minden Sanitarium	Gen	Corp	32	2	31	7	499
Monroe, 26,029—Ouachita							
Riverside Sanitarium	Gen	Indiv	30	4	36	8	456
St. Francis' Sanitarium◇	Gen	Church	125	15	206	55	2,763
Vaughan-Wright-Bendel Clinic.	Gen	Part	35	4	58	13	806
Natchitoches, 4,547—Natchitoches							
Natchitoches Hospital	Gen	NPAssn	20	5	No data supplied		
New Iberia, 8,003—Iberia							
Dauterive Hospital	Gen	Indiv	20	3	52	10	469
Iberia General Hospital	Gen	Indiv	25	2	13	5	350
New Orleans, 458,762—Orleans							
Charity Hospital●◆◇	Gen	State	1,814	90	3,805	2,781	67,952
City Hospital for Mental Diseases	Ment	City	100	..	..	86	425
Delgado Memorial Hospital	Unit of Charity Hospital						
De Paul Sanitarium	N&M	Church	250	..	..	250	292
Eye, Ear, Nose and Throat Hospital◆	ENT	NPAssn	74	..	..	15	3,273
Flint Goodridge Hospital of Dillard University (col.)●	Gen	NPAssn	88	12	196	31	1,259
French Hospital	Gen	Frat	62	13	147	22	967
Hotel Dieu Hospital●◇	Gen	Church	230	25	483	139	6,081
Illinois Central Hospital	Indus	NPAssn	60	..	..	26	800
John Dibert Memorial Tuberculosis Hospital	Unit of Charity Hospital						
Mercy Hospital-Soniat Memorial●◇	Gen	Church	118	25	355	70	2,788
New Orleans Hospital and Dispensary for Women and Children	Gen	NPAssn	34	12	396	40	1,394
Richard Milliken Memorial Hospital	Unit of Charity Hospital						
Southern Baptist Hospital●◇	Gen	Church	196	24	464	104	7,104
Touro Infirmary●◆◇	Gen	NPAssn	286	44	647	212	7,507
U. S. Marine Hospital●	Gen	USPHS	572	..	..	358	3,739
Opelousas, 6,299—St. Landry							
St. Rita's Infirmary	Gen	Part	20	..	18	..	...
Pineville, 3,612—Rapides							
Central Louisiana State Hosp.	Ment	State	2,000	..	..	1,845	554
Plaquemine, 5,124—Iberville							
Plaquemine Sanitarium	Gen	Corp	25	7	22	8	962
Ruston, 4,400—Lincoln							
Ruston-Lincoln Sanitarium	Gen	NPAssn	30	2	67	5	384
Shreveport, 76,655—Caddo							
Gowen Sanatorium	TB	NPAssn	15	..	..	10	47
Highland Sanitarium◇	Gen	Corp	100	9	175	50	2,409
North Louisiana Sanitarium◇	Gen	NPAssn	100	10	136	52	1,750
Pines Sanatorium	TB	NPAssn	130	..	..	95	144
T. E. Schumpert Memorial Sanitarium●◇	Gen	Church	150	12	214	50	2,887
Shreveport Charity Hospital●◇	Gen	State	800	48	1,262	544	18,291
Shriners Hospital for Crippled Children◆	Orth	Frat	60	..	..	59	137
Tri-State Hospital◇	Gen	Corp	100	10	175	52	1,934
Winnsboro, 1,965—Franklin							
Winnsboro Sanitarium	Gen	Corp	25	1	No data supplied		

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Alexandria, 23,025—Rapides							
State Colony and Training School	MeDe	State	600	..	No data supplied		
Angola, 18—West Feliciana							
Louisiana State Penitentiary Hospital	Inst	State	35	..	..	11	176
Breaux Bridge, 1,399—Saint Martin							
St. Paul Hospital	Gen	Indiv	10	1	2	2	141
Elizabeth, 3,000—Allen							
Industrial Lumber Company Hospital	Indus	NPAssn	18	2	..	3	111
Eunice, 3,597—St. Landry							
Eunice Clinic and Hospital	Gen	Corp	14	1	..	3	...
New Orleans, 458,762—Orleans							
New Orleans Convalescent Home	Conv	NPAssn	30	..	..	..	270
New Orleans Home for Incurables	Inc	NPAssn	125	..	..	103	22
Orleans Tuberculosis Hospital.	TB	NPAssn	100	..	..	40	103
Opelousas, 6,299—St. Landry							
St. Landry Sanitarium	Gen	Indiv	15	1	18	6	840

Summary for Louisiana:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	54	13,010	11,608	156,910
Related institutions	9	947	773	1,722
Totals	63	13,957	12,381	158,632
Refused registration	2	22		

MAINE

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Augusta, 17,198—Kennebec							
Augusta General Hospital◇	Gen	NPAssn	70	12	165	34	1,148
Augusta State Hospital	Ment	State	1,425	..	..	1,352	265
Veterans Admin. Facility	Gen	Vet	277	..	..	212	1,312
Bangor, 28,749—Penobscot							
Bangor Sanatorium	TB	NPAssn	30	..	..	15	24
Bangor State Hospital	Ment	State	1,050	..	..	1,010	272
Eastern Maine General Hospital●◇	Gen	NPAssn	159	14	84	158	3,816
Paine Private Hospital	Gen	Indiv	25	5	6	9	195
Bar Harbor, 4,486—Hancock							
Mount Desert Island Hospital.	Gen	NPAssn	35	6	33	21	821
Bar Mills, 165—York							
Buxton-Hollis Hospital	Gen	Indiv	12	2	No data supplied		
Bath, 9,110—Sagadahoc							
Bath Memorial Hospital◇	Gen	NPAssn	50	10	97	25	728
Belfast, 4,993—Waldo							
Bradbury Memorial Hospital	Gen	NPAssn	20	5	12	8	153
Waldo County General Hosp.◇	Gen	NPAssn	32	5	25	15	422
Biddeford, 17,633—York							
Trull Hospital◇	Gen	Corp	40	10	100	30	703
Webber Hospital◇	Gen	NPAssn	50	10	207	38	1,308
Blue Hill, 1,439—Hancock							
Blue Hill Memorial Hospital	Gen	NPAssn	25	8	44	9	230
Boothbay Harbor, 2,076—Lincoln							
St. Andrews Hospital	Gen	Corp	20	4	6	2	141
Brunswick, 6,144—Cumberland							
Brunswick Hospital◇	Gen	Indiv	46	6	39	23	593
Calais, 5,470—Washington							
Calais Hospital◇	Gen	Indiv	50	5	87	..	887
Cape Cottage, 33—Cumberland							
Station Hospital	Gen	Army	60	..	..	50	1,119
Caribou, 7,248—Aroostook							
Cary Memorial Hospital◇	Gen	City	40	10	80	21	644
Castine, 726—Hancock							
Castine Community Hospital	Gen	NPAssn	12	6	25	8	290
Ellsworth, 3,557—Hancock							
Hurley Private Hospital	Gen	Corp	12	5	24	7	215
Fairfield, 3,529—Somerset							
Central Maine Sanatorium	TB	State	186	..	..	171	214
Farmington, 1,737—Franklin							
Franklin County Memorial Hospital	Gen	NPAssn	49	10	74	19	627
Ft. Fairfield, 2,616—Aroostook							
Ft. Fairfield Clinic	Gen	Corp	18	6	50	7	400
Gardiner, 5,609—Kennebec							
Gardiner General Hospital	Gen	NPAssn	40	12	155	20	732
Greenville Junction, 345—Piscataquis							
Charles A. Dean Hospital	Gen	NPAssn	23	5	27	6	352
Greenwood Mountain,—Oxford							
Western Maine Sanatorium◆	TB	State	150	..	..	143	180
Houlton, 6,865—Aroostook							
Aroostook Hospital◇	Gen	Corp	40	10	91	25	923
Madigan Memorial Hospital◇	Gen	Church	33	7	67	18	598
Lewiston, 34,948—Androscoggin							
Central Maine General Hosp.●◇	Gen	NPAssn	175	28	400	141	2,874
St. Mary's General Hosp.●◇	Gen	Church	150	12	153	96	2,522
Portland, 70,810—Cumberland							
Children's Hospital◇	Chil	NPAssn	100	..	..	62	465
Farrington Hospital	Gen	City	160	16	176	135	1,367
Dr. Leighton's Private Hosp.	GynOb	Indiv	12	12	82	8	384
Maine Eye and Ear Infirmary◇	Gen	NPAssn	110	20	280	75	2,250
Maine General Hospital●◇	Gen	NPAssn	250	27	450	205	5,028
Queen's Hospital◇	Gen	Church	48	12	..	34	638
St. Barnabas Hospital◇	Gen	Indiv	65	15	98	50	1,312
State Street Hospital◇	Gen	Corp	50	12	77	40	1,025
U. S. Marine Hospital	Gen	USPHS	72	..	..	46	552
Presque Isle, 4,662—Aroostook							
Northern Maine Sanatorium	TB	State	118	..	..	112	105
Presque Isle General Hospital	Gen	NPAssn	50	10	86	29	1,081
Rockland, 9,075—Knox							
Knox County General Hosp.◇	Gen	NPAssn	66	7	69	30	880

Key to symbols and abbreviations is on page 798

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MAINE—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Rumford, 10,340—Oxford							
Rumford Community Hosp.◊	Gen	NPAssn	78	8	140	27	938
Sanford, 13,262—York							
Henrietta D. Goodall Hospital	Gen	NPAssn	50	8	51	20	706
Skowhegan, 6,433—Somerset							
Kennebec Valley Hospital	Gen	Indiv	37	5	18	13	330
Waterville, 15,454—Kennebec							
Elm City Hospital◊	Gen	Indiv	35	5	58	24	646
Sisters Hospital◊	Gen	Church	90	10	91	49	1,879
Thayer Hospital	Gen	Corp	35	5	47	19	759
Westbrook, 10,807—Cumberland							
Westbrook Hospital	Gen	Corp	18	6	58	5	308
York Village, 1,230—York							
York Hospital	Gen	NPAssn	20	7	60	9	517
Related Institutions							
Auburn, 16,571—Androscoggin							
Auburn Private Hospital	Gen	Indiv	10	6	35	3	63
Bangor, 24,803—Penobscot							
Friendship Hospital	Gen	Indiv	12	2	6	5	330
Gay Private Hospital	N&M	Indiv	15	..	..	10	115
Laura Purcell Hospital	Gen	Indiv	15	5	..	..	....
McGrath Private Hospital	Gen	Indiv	10	11	91	9	370
Bridgton, 2,628—Cumberland							
Northern Cumberland Memorial Hospital	Gen	NPAssn	5	4	15	1	50
Eagle Lake, 1,240—Aroostook							
Northern Maine General Hosp.	Gen	Church	32	..	..	25	440
East Parsonfield, 135—York							
Restland	Conv	Indiv	30	..	..	20	25
Millinocket, 5,620—Penobscot							
Bryant Hospital	Gen	Indiv	7	5	39	5	222
Portland, 70,810—Cumberland							
Dr. C. P. Wescott Sanatorium	Conv	Indiv	14	..	..	8	31
Pownal, 482—Cumberland							
Pownal State School	MeDe	State	820	..	..	794	27
Strong, 878—Franklin							
Dr. Bell's Private Hospital	Surg	Indiv	12	2	10	10	500
Union, 1,008—Knox							
Jones Sanitarium	N&M	Corp	30	..	..	15	12

Summary for Maine:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	32	5,846	4,711	45,839
Related institutions	16	1,099	910	2,300
Totals	48	6,945	5,621	48,139
Refused registration	6	113		

MARYLAND

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Aberdeen Proving Ground, 215—Harford							
Station Hospital	Gen	Army	12	..	..	3	147
Annapolis, 12,531—Anne Arundel							
Annapolis Emergency Hospital	Gen	State	85	15	240	41	1,849
U. S. Naval Hospital	Gen	Navy	224	..	..	68	1,631
Baltimore, 804,874—Baltimore City							
Baltimore City Hospitals◊◊	Gen	City	1,157	20	126	1,122	6,384
Baltimore City Psychopathic Hospital	Unit of Baltimore City Hospitals						
Baltimore City Tuberculosis Hospital	Unit of Baltimore City Hospitals						
Baltimore Eye, Ear and Throat Charity Hospital◊	ENT	NPAssn	60	..	..	7	1,359
Bon Secours Hospital◊◊	Gen	Church	120	25	451	74	2,300
Children's Hospital School	Orth	NPAssn	120	..	..	80	282
Church Home and Infirmary◊◊	Gen	Church	362	22	271	95	2,525
Franklin Square Hospital◊◊	Gen	NPAssn	114	15	187	76	1,896
Good Shepherd General Hospital (col.)	Gen	Indiv	58	5	7	28	169
Gundry Sanitarium	N&M	Indiv	45	..	..	35	98
Hospital for Women◊◊	Gen	NPAssn	111	23	446	81	2,150
Howard A. Kelly Hospital	StCa	Corp	27	..	..	7	592
James Lawrence Kernan Hospital and Industrial School for Crippled Children◊	Orth	NPAssn	80	..	..	70	195
Johns Hopkins Hospital◊◊	Gen	NPAssn	830	71	1,263	600	14,391
Johnston Memorial Children's Hospital	Children's Unit of Union Memorial Hosp.						
Maryland General Hospital◊◊	Gen	Church	228	20	502	171	4,065
Mercy Hospital◊◊	Gen	Church	275	25	366	260	6,450
Mt. Hope Retreat◊	N&M	Church	200	..	..	185	116
Phipps Psychiatric Clinic	Psychiatric Unit of Johns Hopkins Hosp.						
Presbyterian Eye, Ear and Throat Charity Hospital	ENT	Church	40	..	..	8	2,225
Provident Hospital and Free Dispensary (col.)◊◊	Gen	NPAssn	123	9	164	95	2,009
St. Agnes Hospital◊◊	Gen	Church	188	20	314	147	3,397
St. Joseph's Hospital◊◊	Gen	Church	235	35	612	165	5,380
Sinai Hospital◊◊	Gen	NPAssn	229	40	727	184	5,215
South Baltimore General Hospital◊◊	Gen	NPAssn	123	20	216	81	2,767
Sydenham Hospital	Iso	City	110	..	..	65	1,401
Union Memorial Hospital◊◊	Gen	NPAssn	312	24	313	195	5,231
U. S. Marine Hospital◊	Gen	USPHS	300	..	..	265	2,781
University Hospital◊◊	Gen	State	398	47	711	294	6,363
Volunteers of America Hosp.	Gen	NPAssn	32	14	432	31	1,532
West Baltimore General Hospital◊◊	Gen	Corp	163	35	272	76	2,530
Wilmer Ophthalmological Inst.	Unit of Johns Hopkins Hospital						

MARYLAND—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Cambridge, 8,544—Dorchester							
Cambridge-Maryland Hospital◊	Gen	NPAssn	66	14	175	35	979
Eastern Shore State Hospital	Ment	State	350	..	..	343	93
Catonsville, 4,566—Baltimore							
Harlem Lodge	N&M	Indiv	35	..	..	21	70
Spring Grove State Hospital◊	Ment	State	1,800	..	..	1,753	560
Crisfield, 3,859—Somerset							
Edward W. McCready Memorial Hospital	Gen	NPAssn	35	5	60	12	425
Crownsville (Waterbury P.O.)—Anne Arundel							
Crownsville State Hosp. (col.)	Ment	State	1,056	..	..	986	297
Cumberland, 37,747—Allegany							
Allegany Hospital of the Sisters of Charity◊	Gen	Church	90	10	261	60	1,861
Memorial Hospital◊	Gen	CyCo	128	20	276	81	2,709
Easton, 4,092—Talbot							
Emergency Hospital◊	Gen	NPAssn	80	19	160	61	1,677
Edgewood, 130—Harford							
Station Hospital	Gen	Army	60	..	..	10	521
Elkton, 3,331—Cecil							
Union Hospital of Cecil County	Gen	NPAssn	45	9	146	40	774
Ellicott City, 1,216—Howard							
Patapsco Manor Sanitarium	N&M	Corp	25	..	No data supplied		
Ft. George G. Meade,—Anne Arundel							
Station Hospital	Gen	Army	100	4	35	43	1,254
Ft. Howard, 598—Baltimore							
Station Hospital	Gen	Army	31	4	14	15	338
Ft. Washington, 415—Prince Georges							
Station Hospital	Gen	Army	28	..	..	11	205
Frederick, 14,434—Frederick							
Frederick City Hospital◊	Gen	NPAssn	113	12	127	46	1,630
Frostburg, 5,588—Allegany							
Miners Hospital	Gen	State	30	5	76	20	550
Hagerstown, 30,861—Washington							
Washington County Hospital◊	Gen	NPAssn	133	24	193	80	2,654
Havre de Grace, 3,985—Harford							
Havre de Grace Hospital	Gen	NPAssn	42	10	89	30	861
Henryton, 27—Carroll							
Maryland Tuberculosis Sanatorium (col.)	TB	State	212	..	..	185	191
Ijamsville, 72—Frederick							
Riggs Cottage Sanitarium	N&M	Indiv	25	..	..	23	27
Laurel, 2,582—Prince Georges							
Laurel Sanitarium	N&M	Corp	75	..	..	68	175
Mt. Wilson,—Baltimore							
Mt. Wilson Branch, Maryland Tuberculosis Sanatorium	TB	State	175	..	..	176	130
Olney, 83—Montgomery							
Montgomery County General Hospital	Gen	NPAssn	40	6	100	23	1,358
Perry Point, 86—Cecil							
Veterans Admin. Facility	Ment	Vet	1,015	..	..	1,053	201
Prince Frederick, 200—Calvert							
Calvert County Hospital	Gen	County	35	5	No data supplied		
Reisterstown, 1,620—Baltimore							
Mt. Pleasant	TB	NPAssn	60	..	..	56	50
Rockville, 1,422—Montgomery							
Chestnut Lodge Sanitarium	N&M	Indiv	35	..	..	28	61
Salisbury, 10,977—Wicomico							
Maryland Tuberculosis Sanatorium, Eastern Shore Branch	TB	State	55	..	..	54	69
Peninsula General Hospital◊	Gen	NPAssn	84	16	265	78	2,507
State Sanatorium, 295—Frederick							
Maryland Tuberculosis Sanat.◊	TB	State	510	..	..	505	708
Sykesville, 681—Carroll							
Springfield State Hospital◊	Ment	State	2,600	..	..	2,533	510
Towson, 3,500—Baltimore							
Aigburth Manor	Nerv	Indiv	25	..	..	18	64
Hospital for Consumptives	TB	NPAssn	190	..	..	187	198
Sheppard and Enoch Pratt Hospital◊◊	N&M	NPAssn	300	..	..	284	360
Related Institutions							
Baltimore, 804,874—Baltimore City							
Baltimore City Jail Hospital	Inst	City	48	..	..	16	1,480
Happy Hills Convalescent Home for Children	Conv	NPAssn	60	..	..	51	184
Home for Incurables	Inc	NPAssn	119	..	..	118	18
Maryland Penitentiary Hosp.	Inst	State	44	..	..	32	522
Cumberland, 37,747—Allegany							
Allegany County Tuberculosis Sanatorium	TB	NPAssn	24	..	..	9	22
Sylvan Retreat	Ment	County	100	..	..	80	....
Frederick, 14,434—Frederick							
Emergency Hospital	Gen	County	32	10	128	33	607
Hyattsville, 4,264—Prince Georges							
Pinehurst Sanitarium	TB	Indiv	30	..	..	18	139
Jessups, 161—Anne Arundel							
Maryland House of Correction Hospital	Inst	State	46	..	..	25	678
Leonardtown, 607—St. Marys							
St. Marys County Hospital	Gen	NPAssn	30	6	49	4	269
Owings Mills, 215—Baltimore							
Rosewood State Training School	MeDe	State	1,100	..	..	1,015	80
Relay, 2,600—Baltimore							
Relay Sanitarium	N&M	Part	40	..	..	12	74

Summary for Maryland:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	67	16,300	14,421	107,331
Related institutions	14	1,721	1,443	4,157
Totals	81	18,021	15,864	111,488
Refused registration	4	71		

MASSACHUSETTS

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Acushnet, (New Bedford P.O.) 4,092—Bristol							
Acushnet Sanitarium and Hosp.	Gen	Indiv	25	6	56	19	448
Adams, 12,097—Berkshire							
W. B. Plunkett Memorial Hosp.	Gen	City	50	15	177	24	850
Amesbury, 11,899—Essex							
Amesbury Hospital	Gen	City	30	6	97	19	931
Arlington, 36,094—Middlesex							
Ring Sanatorium and Hosp.	N&M	Corp	60	..	..	38	241
Symmes Arlington Hospital◊	Gen	NPAssn	60	19	225	38	1,405
Attleboro, 21,769—Bristol							
Bristol County Tuberculosis Hospital	TB	County	60	..	..	64	161
Sturdy Memorial Hospital◊	Gen	NPAssn	102	23	306	37	1,354
Ayer, 3,060—Middlesex							
Community Memorial Hospital	Gen	NPAssn	22	7	61	13	474
Bedford, 2,602—Middlesex							
Veterans Admin. Facility	Ment	Vet	813	..	..	844	126
Belmont, 21,748—Middlesex							
McLean Hospital◊◊	N&M	NPAssn	232	..	..	206	216
Beverly, 25,086—Essex							
Beverly Hospital◊◊	Gen	NPAssn	121	20	541	95	3,174
Boston, 781,188—Suffolk							
Adams Nervine	Nerv	NPAssn	36	..	..	24	114
Beth Israel Hospital◊◊	Gen	NPAssn	215	..	..	142	5,322
Boston City Hospital◊◊	Gen	City	1,569	148	3,191	1,380	41,479
Boston Floating Hospital◊	Chil	NPAssn	50	..	..	35	1,066
Boston Lying-in Hospital◊	Mat	NPAssn	232	232	2,663	157	5,271
Boston Psychopathic Hosp.◊	Ment	State	110	..	..	79	1,865
Boston State Hospital◊	Ment	State	2,426	..	..	2,297	838
Carney Hospital◊	Gen	Church	164	24	248	95	2,611
Channing Home	TB	NPAssn	27	..	..	20	35
Children's Hospital◊◊	Chil	NPAssn	263	..	..	192	5,757
Collis P. Huntington Memorial Hospital◊	SkCa	NPAssn	25	..	..	13	1,422
Diagnostic Hospital of the Boston Dispensary	Gen	NPAssn	20	..	..	13	785
Emerson Hospital	Gen	Corp	25	15	121	20	432
Evangeline Booth Maternity Hospital and Home	Mat	Church	30	30	466	40	698
Faulkner Hospital◊◊	Gen	NPAssn	130	21	475	119	5,387
Glenside Hospital	N&M	Corp	75	..	..	82	202
Greater Boston Bikur Cholim Hospital	Chr	NPAssn	42	..	..	29	67
House of the Good Samaritan	Card	NPAssn	80	..	..	72	188
Infants' Hospital◊	Chil	NPAssn	50	..	..	35	753
Long Island Hospital◊◊	Gen	City	551	4	20	436	1,372
Massachusetts Eye and Ear Infirmary◊	ENT	NPAssn	231	..	..	147	7,273
Massachusetts General Hospital◊◊	Gen	NPAssn	425	..	..	375	8,205
Massachusetts General Hospital, The Baker Memorial	Gen	NPAssn	226	31	540	179	4,780
Massachusetts General Hospital, Phillips House	Gen	NPAssn	93	23	104	60	1,782
Massachusetts Memorial Hospitals◊◊◊	Gen	NPAssn	311	35	500	302	5,048
Massachusetts Women's Hosp.◊	Gen	NPAssn	62	20	217	33	878
New England Baptist Hosp.◊	Gen	NPAssn	150	25	180	108	4,742
New England Deaconess Hospital◊◊	Gen	Church	280	..	10	234	6,456
New England Hospital for Women and Children◊◊	Gen	NPAssn	185	75	1,248	115	3,398
Palmer Memorial Hospital	Unit of the New England Deaconess Hosp.						
Peter Bent Brigham Hosp.◊◊	Gen	NPAssn	240	..	..	190	4,573
Robert Breck Brigham Hosp.	Gen	NPAssn	115	..	..	71	563
St. Elizabeth's Hospital◊◊	Gen	Church	250	50	745	152	4,063
St. Margaret's Hospital	Gen	Church	50	32	454	36	1,151
St. Mary's Maternity Hospital	Mat	Ch	Church	12	12	134	6	139
Salvation Army Roxbury Hospital and Clinic	Gen	Church	30	9	72	17	717
Sanatorium Division of Boston City Hospital	TB	City	616	..	..	582	491
South Dept. for Infectious Diseases of the Boston City Hospital	Unit of Boston City Hospital						
Vinenal Memorial Hospital	Gen	NPAssn	22	..	..	16	345
Bridgewater, 9,055—Plymouth							
Bridgewater State Hospital	Ment	State	988	..	..	908	65
Brockton, 63,797—Plymouth							
Brockton Hospital◊	Gen	NPAssn	125	39	338	90	2,522
Goddard Hospital	Gen	Corp	61	15	408	47	1,679
Moore Hospital	Gen	Indiv	25	8	52	16	457
Brookline, 47,490—Norfolk							
Bournewood Hospital	Nerv	Indiv	18	..	..	10	....
Brookline General Hospital	Gen	NPAssn	40	10	No data supplied		
Brooks Hospital	Gen	Corp	43	..	..	36	982
Free Hospital for Women◊	Gyn	NPAssn	97	..	..	71	1,905
Trumbull Hospital	Gen	NPAssn	50	10	92	33	1,256
Cambridge, 113,643—Middlesex							
Cambridge City Hospital◊	Gen	City	200	32	655	164	5,205
Cambridge Hospital◊	Gen	NPAssn	204	43	847	145	5,380
Cambridge Sanatorium	TB	City	85	..	..	80	105
Charlesgate Hospital	Gen	Corp	85	10	54	26	600
Chester Hospital	Gen	Corp	40	20	160	11	401
Canton, 5,816—Norfolk							
Massachusetts Hospital School	Orth	State	350	..	..	273	373
Chelsea, 45,816—Suffolk							
Captain John Adams Hospital at Soldiers' Home◊	Gen	State	257	..	..	268	947
Chelsea Memorial Hospital◊	Gen	NPAssn	85	25	308	61	1,638
U. S. Marine Hospital	Gen	USPHS	167	..	..	142	1,439
U. S. Naval Hospital	Gen	Navy	641	..	..	136	1,376
Clinton, 12,817—Worcester							
Clinton Hospital◊	Gen	NPAssn	65	20	201	30	977

MASSACHUSETTS—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Cohasset, 3,883—Norfolk							
Cohasset Private Hospital	Gen	Corp	25	9	52	9	329
Concord, 7,447—Middlesex							
Emerson Hospital	Gen	NPAssn	35	12	177	20	668
Valleybead	Nerv	Indiv	20	..	..	9	171
Danvers, 12,957—Essex							
Hunt Memorial Hospital	Gen	City	20	6	51	8	273
Everett, 48,424—Middlesex							
Whidden Memorial Hospital◊	Gen	NPAssn	95	29	523	96	2,989
Fall River, 115,274—Bristol							
Fall River General Hospital	G&TB	City	281	..	..	198	2,403
St. Anne's Hospital◊	Gen	Church	160	26	283	55	1,527
Truesdale Hospital◊◊	Gen	NPAssn	140	10	242	77	2,437
Union Hospital◊	Gen	NPAssn	172	30	391	93	2,508
Fitchburg, 40,062—Worcester							
Burbank Hospital◊	Gen	Corp	180	22	437	149	4,109
Forest Hills (Boston P.O.)—Suffolk							
Forest Hills Hospital	Gen	NPAssn	114	36	443	56	2,034
Ft. Devens (Ayer P.O.)—Middlesex							
Station Hospital	Gen	Army	65	..	..	51	1,814
Foxboro, 5,367—Norfolk							
Foxboro State Hospital	Ment	State	1,250	..	..	1,197	307
Framingham, 25,210—Middlesex							
Framingham Union Hospital◊	Gen	NPAssn	130	30	378	70	2,245
Gardner, 19,336—Worcester							
Gardner State Hospital◊	Ment	State	1,340	..	..	1,343	155
Henry Heywood Memorial Hospital◊	Gen	NPAssn	81	19	242	51	1,502
Gloucester, 24,294—Essex							
Addison Gilbert Hospital◊	Gen	NPAssn	75	15	188	44	1,682
Great Barrington, 5,504—Berkshire							
Fairview Hospital	Gen	NPAssn	49	15	84	16	465
Greenfield, 15,760—Franklin							
Franklin County Public Hosp.◊	Gen	NPAssn	87	30	245	59	1,198
Groton, 3,434—Middlesex							
Groton Hospital	Gen	Indiv	13	4	96	16	580
Hathorne, 171—Essex							
Danvers State Hospital◊◊	Ment	State	2,242	..	..	2,176	957
Haverhill, 46,710—Essex							
Benson Hospital	Gen	Indiv	20	2	14	18	373
Haverhill Municipal Hospitals	Gen	City	101	22	334	104	3,612
Haydenville, 1,320—Hampshire							
Hampshire County Sanatorium	TB	County	100	..	..	85	90
Holbrook, 3,353—Norfolk							
Elmhurst Hospital and Sanit.	Nerv	Indiv	15	..	..	8	31
Holden, 3,871—Worcester							
Holden District Hospital	Gen	NPAssn	30	6	81	17	750
Holyoke, 56,537—Hampden							
Holyoke Hospital◊	Gen	NPAssn	126	24	330	65	1,917
Holyoke Tuberculosis Sanat.	TB	City	56	..	..	24	19
Providence Hospital◊◊	Gen	Church	154	30	424	90	2,366
Hyannis, 1,800—Barnstable							
Cape Cod Hospital	Gen	NPAssn	65	15	170	55	1,079
Ipswich, 5,599—Essex							
Benjamin Stickney Cable Memorial Hospital	Gen	NPAssn	25	7	122	13	341
Lawrence, 85,068—Essex							
Clover Hill Hospital	Gen	Corp	27	8	164	18	624
Lawrence General Hospital◊◊	Gen	NPAssn	132	20	360	72	2,602
Lawrence Municipal Hospital	Gen	City	90	6	146	86	1,410
Leominster, 21,810—Worcester							
Leominster Hospital◊	Gen	NPAssn	61	12	180	41	1,305
Lowell, 100,234—Middlesex							
Lowell General Hospital◊◊	Gen	NPAssn	150	20	339	92	3,823
St. Johns Hospital◊◊	Gen	Church	142	25	387	108	3,004
St. Joseph's Hospital◊◊	Gen	Church	105	17	244	79	2,627
Shaw Hospital	Gen	Indiv	20	7	67	8	171
Ludlow, 5,876—Hampden							
Ludlow Hospital	Gen	NPAssn	29	11	110	11	339
Lynn, 102,320—Essex							
Lynn Hospital◊◊	Gen	NPAssn	159	46	645	107	3,800
Union Hospital	Gen	NPAssn	65	20	340	36	1,396
Malden, 58,036—Middlesex							
Malden Hospital◊	Gen	NPAssn	190	42	414	81	2,707
Marblehead, 8,668—Essex							
Mary A. Alley Emergency Hosp.	Gen	City	15	8	93	10	450
Marlboro, 15,567—Middlesex							
Marlboro Hospital	Gen	NPAssn	62	22	258	39	1,005
Medfield, 4,068—Norfolk							
Medfield State Hospital◊◊	Ment	State	1,625	..	..	1,810	417
Medford, 59,714—Middlesex							
Lawrence Memorial Hospital◊	Gen	NPAssn	75	34	724	56	2,149
Melrose, 23,170—Middlesex							
Melrose Hospital◊	Gen	NPAssn	105	30	421	77	1,964
New England Sanitarium and Hospital◊	Gen	Church	135	17	194	75	2,137
Middleboro, 8,668—Plymouth							
Lakeville State Sanatorium	TB	State	304	..	..	283	195
St. Luke's Hospital	Gen	NPAssn	23	8	97	10	322
Middleton, 1,712—Essex							
Essex Sanatorium◊	TB	County	300	..	..	325	302
Milford, 14,741—Worcester							
Milford Hospital◊	Gen	NPAssn	60	15	257	29	1,233
Milton, 16,434—Norfolk							
Milton Hospital and Convalescent Home	Gen	NPAssn	25	12	92	16	545
Montague City, 761—Franklin							
Farren Memorial Hospital◊	Gen	Church	68	12	111	36	1,149
Nantucket, 3,678—Nantucket							
Nantucket Cottage Hospital	Gen	Corp	19	5	55	11	409
Natick, 13,568—Middlesex							
Leonard Morse Hospital	Gen	City	43	14	297	36	1,028
Needham, 10,848—Norfolk							
Glover Memorial Hospital	Gen	City	11	5	49	7	271

Key to symbols and abbreviations is on page 786

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MASSACHUSETTS—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
New Bedford, 112,597—Bristol							
St. Luke's Hospital*○	Gen	NPAssn	294	45	767	198	6,433
Sassaquin Sanatorium	TB	NPAssn	118	..	..	85	110
Union Hospital	Gen	Corp	31	3	20	25	810
Newburyport, 15,084—Essex							
Anna Jaques Hospital	Gen	NPAssn	52	10	136	39	873
Newburyport Homeopathic Hospital	Gen	NPAssn	25	5	45	10	336
Newton, 65,276—Middlesex							
New England Peabody Home for Crippled Children	TbOr	NPAssn	100	..	..	84	20
Newton Hospital*○	Gen	NPAssn	244	46	760	167	5,229
North Adams, 21,621—Berkshire							
North Adams Hospital○	Gen	NPAssn	80	20	254	50	1,367
Northampton, 24,381—Hampshire							
Cooley Dickinson Hospital○	Gen	NPAssn	132	24	346	80	3,176
Northampton State Hospital	Ment	State	1,894	..	..	1,833	634
Veterans Admin. Facility	Ment	Vet	611	..	..	629	171
North Dighton, 1,220—Bristol							
Mt. Hope Hospital	Gen	Corp	10	8	76	7	151
North Grafton, 2,340—Worcester							
Grafton State Hospital◆	Ment	State	1,500	..	..	1,399	86
North Wilmington, 472—Middlesex							
North Reading State Sanat.	TB	State	297	..	..	253	210
Norwood, 15,049—Norfolk							
Norwood Hospital	Gen	NPAssn	80	20	399	76	2,227
Oak Bluffs, 1,333—Dukes							
Martha's Vineyard Hospital	Gen	NPAssn	31	10	73	11	338
Palmer, 9,577—Hampden							
Monson State Hospital◆○	Epil	State	1,499	..	..	1,466	226
Wing Memorial Hospital	Gen	NPAssn	28	8	87	13	741
Peabody, 21,345—Essex							
Josiah B. Thomas Hospital○	Gen	City	62	12	257	45	1,328
Pittsfield, 46,677—Berkshire							
Hillcrest Hospital○	Gen	NPAssn	42	10	158	36	962
House of Mercy Hospital*○	Gen	NPAssn	194	33	394	93	3,017
St. Luke's Hospital*○	Gen	Church	156	33	358	71	1,761
Plymouth, 13,042—Plymouth							
Jordan Hospital	Gen	NPAssn	60	10	149	33	960
Pocasset, 365—Barnstable							
Barnstable County Sanatorium	TB	County	50	..	..	39	146
Quincy, 71,938—Norfolk							
Quincy City Hospital*○	Gen	City	249	50	819	150	5,874
Rutland, 2,442—Worcester							
Central New England Sanat.	TB	NPAssn	100	..	..	39	40
Rutland State Sanatorium◆○	TB	State	370	..	..	350	398
Rutland Heights,—Worcester							
Veterans Admin. Facility	TB	Vet	471	..	..	375	733
Salem, 43,353—Essex							
North Shore Babies' Hospital	Chil	NPAssn	50	..	..	31	416
Salem Hospital*○	Gen	NPAssn	156	30	481	131	3,857
Sharon, 3,351—Norfolk							
Sharon Sanatorium	TB	NPAssn	50	..	..	37	49
Somerville, 103,908—Middlesex							
Central Hospital	Gen	Indiv	50	25	179	36	1,463
Somerville Hospital○	Gen	NPAssn	101	24	426	80	2,232
South Braintree, 3,540—Norfolk							
Norfolk County Hospital	TB	County	139	..	..	139	155
Southbridge, 14,264—Worcester							
Harrington Memorial Hospital	Gen	NPAssn	40	8	96	21	751
South Dartmouth, 1,815—Bristol							
Sol-e-Mar Orthopedic Hospital for Children	Orth	NPAssn	80	..	..	50	30
South Hanson, 831—Plymouth							
Plymouth County Hospital◆	TB	County	150	..	..	106	95
Springfield, 149,900—Hampden							
Health Department Hospitals	Tbls	City	152	..	..	68	519
Mercy Hospital*○	Gen	Church	330	50	923	200	5,028
Shriners Hospital for Crippled Children◆	Orth	Frat	60	..	..	73	400
Springfield Hospital*○	Gen	NPAssn	261	4	10	215	5,462
Wesson Maternity Hospital	Mat	NPAssn	62	66	1,313	49	1,491
Wesson Memorial Hospital*○	Gen	NPAssn	120	..	..	78	2,748
Stockbridge, 1,762—Berkshire							
Austen Riggs Foundation	Nerv	NPAssn	52	..	..	41	290
Taunton, 37,355—Bristol							
Morton Hospital	Gen	Corp	62	12	252	40	1,446
Taunton State Hospital◆○	Ment	State	1,560	..	..	1,508	576
Tewksbury, 5,585—Middlesex							
State Infirmary*○	Gen	State	3,110	40	159	2,900	3,111
Vineyard Haven, 1,500—Dukes							
U. S. Marine Hospital	Gen	USPHS	26	..	..	23	119
Waltham, 39,247—Middlesex							
Metropolitan State Hospital	Ment	State	1,560	..	..	1,390	277
Middlesex County Sanatorium◆	TB	County	258	..	..	257	185
Waltham Hospital*○	Gen	NPAssn	163	53	522	93	3,122
Ware, 7,385—Hampshire							
Mary Lane Hospital	Gen	NPAssn	36	12	227	25	800
Webster, 12,992—Worcester							
Webster District Hospital	Gen	NPAssn	20	7	116	20	793
Wellesley, 11,439—Norfolk							
Channing Sanitarium	N&M	Corp	35	..	..	29	32
Wiswall Sanatorium	N&M	Corp	35	..	..	23	29
Westboro, 6,409—Worcester							
Westboro State Hospital○	Ment	State	1,556	..	..	1,475	433
Westfield, 19,775—Hampden							
Noble Hospital	Gen	NPAssn	89	19	142	26	1,081
Westfield State Sanatorium	TB	State	270	..	..	213	114
Westwood, 2,097—Norfolk							
Westwood Lodge	N&M	Corp	21	..	..	..	54
Weymouth, 20,882—Norfolk							
Weymouth Hospital	Gen	NPAssn	66	24	357	42	1,772
Whitinsville, 6,000—Worcester							
Whitinsville Hospital	Gen	NPAssn	15	7	100	9	600

MASSACHUSETTS—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Winchendon, 6,202—Worcester							
Millers River Hospital	Gen	NPAssn	25	6	48	13	483
Winchester, 12,719—Middlesex							
Winchester Hospital	Gen	NPAssn	65	20	229	40	1,193
Winthrop, 16,852—Suffolk							
Station Hospital	Gen	Army	130	6	73	68	1,240
Winthrop Community Hospital	Gen	NPAssn	44	20	238	27	931
Woburn,—Middlesex							
Charles Choate Memorial Hospital○	Gen	NPAssn	41	19	255	31	1,250
Worcester, 195,311—Worcester							
Belmont Hospital◆	Tbls	City	275	..	..	150	744
Fairlawn Hospital	Gen	NPAssn	45	16	136	20	814
Harvard Private Hospital	Gen	Corp	20	5	28	8	244
Louis Pasteur Hospital	Gen	Corp	36	6	54	7	269
Memorial Hospital*◆○	Gen	NPAssn	185	30	578	151	5,228
St. Vincent Hospital*○	Gen	Church	225	33	498	166	5,374
Worcester City Hospital*○	Gen	City	390	40	1,080	334	8,070
Worcester County Sanatorium	TB	County	128	..	..	111	115
Worcester Hahnemann Hosp.*○	Gen	NPAssn	111	29	505	64	1,972
Worcester State Hospital◆	Ment	State	2,240	6	9	2,204	736
Wrentham, 3,584—Norfolk							
Pondville Hospital◆	Ca	State	152	..	..	107	1,185
Related Institutions							
Aldenville (Chicopee Falls P.O.)—Hampden							
Chicopee Hospital	Gen	Indiv	35	6	47	14	247
Baldwinsville, 2,360—Worcester							
Hospital Cottages for Children	Chil	NPAssn	130	..	..	110	49
Belchertown, 3,139—Hampshire							
Belchertown State School◆	MeDe	State	1,289	..	..	1,278	97
Boston, 781,188—Suffolk							
Bay State Hospital	Gen	Part	21	6	40	9	415
Boston Home for Incurables	Inc	NPAssn	58	..	..	57	13
Deer Island Hospital	Inst	CyCo	20	..	..	20	700
Dorchester Cottage Hospital	Gen	Corp	12	8	52	5	98
Fenway Hospital	Gen	Indiv	40	4	29	28	...
Florence Crittenton Home and Hospital	Mat	NPAssn	21	47	103	11	111
Hart Hospital	Gen	Corp	50	25	76	9	294
MacLeod Hospital	Gen	Corp	25	2	24	12	361
Massachusetts State Prison Hospital	Inst	State	40	..	..	7	177
New England Home for Little Wanderers	Inst	NPAssn	20	6	..	16	458
Prendergast Preventorium	TB	NPAssn	60	..	..	34	257
Riverbank Hospital	Gen	Indiv	32	6	7	4	210
St. Luke's Home for Convalescents	Conv	Church	25	..	..	15	326
Strong Hospital	Gen	Indiv	22	14	No data supplied		
Talitha Cumi Home	Mat	NPAssn	16	16	55	10	56
Dr. Taylor's Private Hospital	Drug	Indiv	18	..	..	6	338
Washingtonian Home	Alcoh	NPAssn	35	..	No data supplied		
Brookline, 47,490—Norfolk							
Board of Health Hospital	Tbls	City	50	..	..	30	67
Cambridge, 113,643—Middlesex							
Holy Ghost Hospital for Incurables	Inc	Church	214	..	..	201	227
Chicopee, 43,930—Hampden							
Health Department Hospital	TB	City	28	..	..	21	19
Dracut (Lowell P.O.), 6,912—Middlesex							
Blanchard Private Hospital	Mat	Indiv	8	6	20	3	70
Egypt, 340—Plymouth							
Children's Sunlight Hospital	Orth	NPAssn	72	..	..	49	94
Fall River, 115,274—Bristol							
Union Hospital Home for Invalids	Unit of Union Hospital						
Framingham, 22,210—Middlesex							
Reformatory for Women	Inst	State	50	..	..	20	707
Woodside Cottages	Conv	Corp	14	..	..	11	23
Greenfield, 15,500—Franklin							
Greenfield Isolation Hospital	Tbls	City	21	..	..	4	87
Haverhill, 48,710—Essex							
Haverhill City Infirmary	Inst	City	70	..	..	65	137
Haverhill Municipal Hospitals	Iso	City	40	..	..	17	183
Lowell, 100,234—Middlesex							
Lowell Tuberculosis Hospital	Tbls	City	84	..	No data supplied		
Malden, 58,036—Middlesex							
Malden Contagious Hospital	Iso	City	40	..	..	15	94
Marblehead, 8,668—Essex							
Children's Island Sanitarium	Conv	NPAssn	100	..	..	94	109
Medford, 59,714—Middlesex							
Dearborn Hospital	Conv	Indiv	25	..	..	12	31
Methuen, 21,069—Essex							
Mary E. Barr Sanitarium	Gen	Indiv	24	10	85	15	560
Newton, 65,276—Middlesex							
Woodlawn Sanitarium	Epil	Indiv	10	..	..	5	...
Norfolk, 1,429—Norfolk							
Hospital of Norfolk State Prison Colony	Inst	State	75	..	..	38	508
Pittsfield, 49,677—Berkshire							
Frederic S. Coolidge Memorial Home	TB	NPAssn	8	..	..	6	11
Pittsfield Anti-Tuberculosis Hospital	TB	NPAssn	14	..	..	9	13
Quincy, 71,938—Norfolk							
Whitehouse Maternity Hospital	Mat	Indiv	6	6	22	2	21
Rutland, 2,442—Worcester							
Rutland Cottage Sanatoria	TB	Indiv	110	..	..	13	28
Salem, 43,353—Essex							
Health Department Hospital for Contagious Diseases	Iso	City	60	..	..	8	103
Shirley, 2,427—Middlesex							
Industrial School for Boys	Inst	State	23	..	..	7	389

Key to symbols and abbreviations is on page 798

MASSACHUSETTS—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Somerville, 103,908—Middlesex							
Chandler Street Hospital	Gen	Indiv	15	10	11	3	40
Somerville Contagious Disease Hospital	Iso	City	60	..	..	6	104
Springfield, 149,900—Hampden							
Buscall Nursing Home	Conv	Indiv	25	..	..	13	32
City of Springfield Infirmary	Inst	City	108	..	..	85	271
Renear-Wilson Private Hosp.	Gen	Part	9	5	36	2	104
Waltham, 39,247—Middlesex							
Tersian Lying-in Hospital	Mat	Indiv	10	6	122	6	124
Walter E. Fernald State School	MeDe	State	1,750	..	..	1,812	132
Waltham Baby Hospital	Chil	NPAssn	22	..	..	8	57
Wellesley, 11,439—Norfolk							
Convalescent Home of the Children's Hospital	Chil	NPAssn	85	..	..	75	488
Simpson Infirmary of Wellesley College	Inst	NPAssn	20	..	..	8	461
Westboro, 6,409—Worcester							
Lyman School Hospital	Inst	State	30	..	..	9	...
West Concord, 1,851—Middlesex							
Massachusetts Reformatory Hospital	Inst	State	50	..	..	4	382
Williamstown, 3,900—Berkshire							
Williams College Infirmary	Inst	NPAssn	21	..	..	4	214
Worcester, 195,311—Worcester							
Maple Hall Sanitarium	Conv	Part	15	..	..	12	...
Wrentham, 3,524—Norfolk							
Wrentham State School	MeDe	State	1,946	..	..	1,808	170

Summary for Massachusetts:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	210	49,857	41,995	339,945
Related institutions	56	7,012	6,212	11,846
Totals	266	56,869	48,207	351,791
Refused registration	16	421		

MICHIGAN

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Adrian, 13,064—Lenawee							
Emma L. Bixby Hospital	Gen	City	42	10	164	28	875
Albion, 8,324—Calhoun							
James W. Sheldon Memorial Hospital	Gen	City	40	10	64	14	439
Alma, 6,734—Gratiot							
Carney-Wilcox Hospital	Gen	Part	31	4	31	21	584
R. B. Smith Memorial Hospital	Gen	NPAssn	20	4	45	6	232
Ann Arbor, 26,944—Washtenaw							
Cowie Hospital	Gen	Indiv	12	2	1	2	118
Mercywood Sanitarium	N&M	Church	40	..	..	24	145
St. Joseph's Mercy Hospital*○	Gen	Church	115	20	240	73	2,267
State Psychopathic Hospital at the University of Michigan♦	Ment	State	64	..	..	58	188
University Hospital*♦○	Gen	State	1,251	34	439	1,242	23,784
Bad Axe, 2,332—Huron							
Hubbard Memorial Hospital	Gen	County	27	6	48	19	597
Battle Creek, 43,573—Calhoun							
American Legion Hospital♦	TB	State	375	..	..	173	190
Battle Creek Sanitarium*♦	Gen	NPAssn	1,000	..	..	224	4,358
Calhoun County Public Hosp.	TB	County	75	..	..	69	83
Leila Y. Post Montgomery Hospital○	Gen	Church	156	17	326	78	2,409
Nichols Memorial Hospital○	Gen	NPAssn	85	13	231	46	3,448
Bay City, 47,355—Bay							
Bay City General Hospital	Gen	City	23	6	42	15	629
Bay City Samaritan Hospital	Gen	NPAssn	43	4	34	27	1,356
Mercy Hospital*○	Gen	Church	122	18	229	75	2,455
Benton Harbor, 15,434—Berrien							
Mercy Hospital	Gen	NPAssn	40	10	168	33	1,145
Big Rapids, 4,671—Mecosta							
Community Hospital	Gen	City	14	4	23	8	426
Brighton, 1,287—Livingston							
Mellus Hospital	Gen	Indiv	15	4	32	12	480
Cadillac, 9,570—Wexford							
Mercy Hospital	Gen	Church	30	8	59	25	1,041
Wexford County Hospital	G&TB	County	25	..	..	20	41
Calumet, 1,557—Houghton							
Calumet and Hecla Hospital	Indus	Corp	22	..	..	8	431
Camp Custer,—Kalamazoo							
Veterans Admin. Facility	Ment	Vet	835	..	..	840	197
Caro, 2,554—Tuscola							
Caro Community Hospital	Gen	City	21	1	18	9	296
Cassopolis, 1,448—Cass							
McCutcheon Hospital	Gen	Part	8	4	26	4	214
Charlotte, 5,307—Eaton							
Hayes-Green Memorial Hosp.	Gen	County	13	5	75	6	560
Coldwater, 6,735—Branch							
Wade Memorial Hospital	Gen	Indiv	25	5	42	12	504
Crystal Falls, 2,995—Iron							
Crystal Falls General Hospital	Gen	Indiv	14	2	11	5	178
Dearborn, 50,358—Wayne							
St. Joseph's Retreat◎	N&M	Church	350	..	..	330	487
Detroit, 1,568,622—Wayne							
Bethesda Hospital (col.)	TB	NPAssn	83	..	..	79	120
Charles Godwin Jennings Hosp.	Gen	NPAssn	66	6	81	27	1,114
Chenik Hospital	TB	NPAssn	52	..	..	29	368
Children's Hospital♦◎	Chil	NPAssn	239	..	..	201	7,021
City of Detroit Receiving Hospital*♦	Gen	City	650	..	..	637	21,385

MICHIGAN—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
City of Detroit Receiving Hospital (Redford Branch)	Gen	City	50	..	..	39	1,508
Cottage Hospital	Gen	NPAssn	45	13	271	24	1,026
Delray General Hospital	Gen	NPAssn	80	15	255	40	1,691
Detroit Tuberculosis Sanat.	TB	NPAssn	160	..	..	152	153
East Side General Hospital	Gen	NPAssn	85	25	514	55	1,775
Evangelical Deaconess Hosp.*○	Gen	Church	115	20	445	85	3,381
Fairview Sanatorium (col.)	TB	NPAssn	66	..	..	64	87
Florence Crittenton Hospital	Gen	NPAssn	210	100	1,573	147	3,872
General Hospital and Clinic	Gen	Corp	43	6	2	40	260
Good Samaritan Hosp. (col.)	TB	Indiv	29	..	..	25	47
Grace Hospital*♦○	Gen	NPAssn	483	50	1,100	324	11,022
Grosse Pointe Hospital	Gen	Indiv	30	14	300	21	763
Harper Hospital*♦◎	Gen	NPAssn	625	100	1,160	367	15,416
Henry Ford Hospital*♦○	Gen	NPAssn	572	36	887	494	11,483
Herman Kiefer Hospital♦◎	G&TB	City	1,335	65	1,631	1,105	7,398
Jefferson Clinic Hospital♦	Gen	NPAssn	60	5	20	38	1,000
Lincoln Hospital	Gen	Corp	90	7	54	34	398
Michigan Mutual Hospital	Indus	NPAssn	35	..	..	24	912
Parkside Hospital (col.)	Gen	NPAssn	72	12	119	60	1,391
Pingree General Hospital	Gen	Corp	25	11	186	..	587
Providence Hospital*♦○	Gen	Church	315	100	1,910	280	7,651
St. Joseph's Mercy Hospital*○	Gen	Church	200	35	819	140	5,234
St. Mary's Hospital*○	Gen	Church	281	50	563	160	5,420
Shurly Eye, Ear, Nose and Throat Hospital	ENT	Indiv	75	..	..	55	1,282
Station Hospital	Gen	Army	56	..	..	20	600
U. S. Marine Hospital	Gen	USPHS	264	..	..	170	1,606
Warren Avenue Diagnostic Hospital	Gen	Indiv	18	3	35	14	5,207
West Side Sanitarium	Gen	Indiv	30	3	21	17	191
Woman's Hospital♦◎	Gen	NPAssn	220	100	1,904	129	6,407
Dowagiac, 5,550—Cass							
Lee Memorial Hospital	Gen	Church	28	4	34	10	334
Durand, 3,081—Shiawassee							
Durand Hospital	Gen	NPAssn	13	4	27	5	258
Eaton Rapids, 2,822—Eaton							
Harriet Chapman Memorial Hospital	Gen	Indiv	12	2	24	3	190
Eloise, 710—Wayne							
Eloise Hospital for Mental Diseases	N&M	County	3,200	..	..	3,034	995
Dr. William J. Seymour Hospital*♦	Gen	County	1,308	..	..	..	12,250
Escanaba, 14,524—Delta							
Laing Hospital	Gen	Indiv	25	..	7	4	144
St. Francis Hospital	Gen	Church	75	20	324	30	1,946
Flint, 156,492—Genesee							
Hurley Hospital*♦○	Gen	City	412	50	965	349	7,847
St. Joseph's Hospital	Gen	Church	150	29	440	40	1,248
Women's Hospital	Gen	NPAssn	40	25	569	29	1,083
Fremont, 2,157—Newaygo							
Gerber Memorial Hospital	Gen	City	18	5	58	11	426
Goodrich, 324—Genesee							
Goodrich General Hospital	Gen	NPAssn	24	4	46	12	838
Grand Haven, 8,345—Ottawa							
Elizabeth Hatton Memorial Hospital	Gen	City	20	6	87	8	384
Grand Rapids, 168,592—Kent							
Blodgett Memorial Hospital*♦○	Gen	NPAssn	132	18	350	72	2,536
Butterworth Hospital*○	Gen	NPAssn	224	48	612	108	4,165
Christian Psychopathic Hosp.	N&M	NPAssn	240	..	..	215	190
City General Hospital	Gen	City	35	..	..	25	501
Ferguson-Droste-Ferguson Sanitarium	Proct	Corp	33	..	..	10	631
St. Mary's Hospital*♦○	Gen	Church	218	35	473	114	3,688
Sunshine Sanatorium	TB	City	126	..	..	126	121
Grayling, 1,973—Crawford							
Grayling Mercy Hospital	Gen	Church	30	5	18	10	575
Greenville, 4,730—Montcalm							
United Memorial Hospital	Gen	NPAssn	19	6	42	9	370
Hamtramck, 56,268—Wayne							
St. Francis Hospital	Gen	Church	52	8	134	46	1,910
Hancock, 5,795—Houghton							
St. Joseph's Hospital○	Gen	Church	65	8	102	45	1,130
Hart, 1,690—Oceana							
Oceana Hospital	Gen	NPAssn	17	4	60	10	604
Hastings, 5,227—Barry							
Pennock Hospital	Gen	NPAssn	27	8	111	12	506
Highland Park, 52,959—Wayne							
Highland Park General Hospital*○	Gen	City	156	34	749	106	3,432
Hillsdale, 5,896—Hillsdale							
Hillsdale Hospital	Gen	City	25	6	66	12	774
Holland, 14,346—Ottawa							
Holland City Hospital	Gen	City	48	15	115	24	725
Houghton, 3,757—Houghton							
Copper Country Sanatorium	TB	County	53	..	..	53	20
Howell, 3,615—Livingston							
McPherson Memorial Hospital	Gen	City	24	7	62	10	389
Michigan State Sanatorium♦	TB	State	480	..	..	477	250
Hudson, 2,361—Lenawee							
Thorn Memorial Hospital	Gen	City	20	4	31	6	225
Ionia, 6,562—Ionia							
Ionia State Hospital	Ment	State	869	..	..	843	109
Iron Mountain, 11,652—Dickinson							
Iron Mountain General Hosp.	Gen	City	29	8	90	16	751
Ironwood, 14,299—Gogebic							
Grand View Hospital	G&TB	County	112	8	86	70	1,015
Newport Hospital	Gen	Corp	12	3	50	6	250
Twin City Hospital	Gen	Indiv	21	3	19	5	377
Ishpeming, 9,238—Marquette							
Ishpeming Hospital	Gen	Corp	37	6	107	23	869

Key to symbols and abbreviations is on page 798

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MICHIGAN—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Jackson, 55,187—Jackson							
W. A. Foote Memorial Hosp.*	Gen	City	150	22	442	90	4,507
Jackson County Sanatorium*	TB	County	64	..	..	62	85
Mercy Hospital*	Gen	Church	160	30	386	67	3,672
Kalamazoo, 54,796—Kalamazoo							
Borgess Hospital*	Gen	Church	214	27	453	110	3,186
Bronson Methodist Hospital*	Gen	Church	109	21	450	61	2,821
Fairmount Hospital	TbIs	County	145	..	..	73	261
Kalamazoo State Hospital**	Ment	State	2,750	..	..	2,750	329
Lake Linden, 1,714—Houghton							
Lake Superior General Hosp.	Gen	NPAssn	8	3	15	5	200
Lakeview, 828—Montcalm							
Kelsey Hospital	Gen	Indiv	11	2	7	5	200
Lansing, 78,594—Ingham							
Edward W. Sparrow Hosp.**	Gen	NPAssn	115	20	880	66	3,129
Ingham Sanatorium	TB	County	110	..	..	70	140
St. Lawrence Hospital**	Gen	Church	100	20	511	75	3,077
Laurium, 4,916—Houghton							
Calumet Memorial Hospital	Gen	NPAssn	22	5	76	12	639
Ludington, 4,916—Mason							
Paulina Stearns Hospital	Gen	NPAssn	22	3	56	12	423
Manistee, 6,048—Manistee							
Mercy Hospital and Sanitarium	Gen	Church	30	7	42	18	707
Manistique, 5,128—Schoolcraft							
Shaw General Hospital	Gen	Indiv	20	3	25	9	325
Marquette, 14,799—Marquette							
Morgan Heights Sanatorium*	TB	County	90	..	..	81	89
St. Luke's Hospital*	Gen	NPAssn	60	10	74	34	1,858
St. Mary's Hospital	Gen	Church	60	9	167	35	771
Marshall, 5,019—Calhoun							
Oak Lawn Hospital	Gen	NPAssn	13	4	72	7	282
Menominee, 10,830—Menominee							
St. Joseph's Hospital	Gen	Church	50	12	242	..	1,700
Monroe, 18,130—Monroe							
Mercy Hospital	Gen	Church	55	15	145	34	1,154
Monroe Hospital	Gen	NPAssn	56	8	94	36	1,661
Mt. Clemens, 13,497—Macomb							
St. Joseph's Hospital and Sanitarium*	Gen	Church	150	12	153	75	1,981
Station Hospital	Gen	Army	35	..	..	21	528
Mt. Pleasant, 5,211—Isabella							
Bronddstetter Memorial Hospital	Gen	Part	15	4	47	14	730
Munising, 3,956—Alger							
Munising Hospital	Gen	NPAssn	20	3	53	13	630
Muskegon, 41,390—Muskegon							
Hackley Hospital**	Gen	NPAssn	108	17	442	61	2,227
Mercy Hospital**	Gen	Church	100	25	662	65	2,973
Muskegon County Sanatorium	TB	County	70	..	..	67	56
Negaunee, 6,559—Marquette							
Twin City Hospital	Gen	Part	30	3	58	13	377
Newberry, 2,985—Luce							
Newberry State Hospital	Ment	State	1,200	..	..	1,214	276
Perry-Spinks Hospital	Gen	Part	14	6	50	8	320
Niles, 11,326—Berrien							
Pawating Hospital	Gen	NPAssn	35	10	112	9	617
Northville, 2,566—Wayne							
East Lawn Sanatorium	TB	Corp	80	..	..	78	117
Wm. St. Mabury Sanatorium*	TB	City	883	..	..	800	647
Norway, 4,016—Dickinson							
Penn Iron Mining Co. Hosp.	Gen	Corp	13	5	60	6	284
Ontonagon, 1,957—Ontonagon							
Ontonagon Hospital	Gen	Indiv	14	3	33	11	186
Oshtemo, 125—Kalamazoo							
Pine Crest Sanatorium	TB	Corp	120	..	..	116	77
Owosso, 14,628—Shiawassee							
Memorial Hospital	Gen	NPAssn	60	10	242	54	1,709
Petoskey, 5,763—Emmet							
Lockhart Hospital	Gen	City	32	6	60	28	982
Petoskey Hospital	Gen	NPAssn	40	6	126	34	1,259
Pinckney, 635—Livingston							
Pinckney Sanitarium	Gen	Indiv	10	4	26	4	106
Plainwell, 2,279—Allegan							
Wm. Crippe Hospital	Gen	City	19	6	66	12	494
Pontiac, 64,439—Oakland							
Oakland County Contagious Hospital	Iso	County	85	..	..	54	747
Oakland County Tuberculosis Sanatorium	TB	County	170	..	..	141	271
Pontiac General Hospital	Gen	City	90	25	242	63	2,220
Pontiac State Hospital*	Ment	State	1,800	..	..	1,700	216
St. Joseph Mercy Hospital**	Gen	Church	175	30	500	88	2,992
Port Huron, 31,361—St. Clair							
Port Huron Hospital	Gen	NPAssn	52	10	132	48	1,693
Powers, 369—Menominee							
Pinecrest Sanatorium	TB	County	98	..	..	90	121
Reed City, 1,792—Osceola							
Reed City Hospital	Gen	NPAssn	15	3	23	8	305
Royal Oak, 22,904—Oakland							
Royal Oak Private Hospital	Gen	Indiv	19	4	35	15	502
Saginaw, 80,175—Saginaw							
Saginaw City Hospital	Gen	City	29	5	91	23	554
Saginaw County Contagious Hospital	Iso	County	75	..	..	30	308
Saginaw County Tuberculosis Hospital	TB	County	26	..	..	25	27
Saginaw General Hospital**	Gen	NPAssn	125	23	360	68	2,772
St. Luke's Hospital	Gen	Church	47	12	245	33	1,342
St. Mary's Hospital**	Gen	Church	156	30	331	86	2,584
St. Johns, 3,959—Clinton							
Clinton Memorial Hospital	Gen	NPAssn	30	10	115	19	859
St. Joseph, 8,340—Berrien							
St. Joseph Sanitarium	Gen	NPAssn	35	9	49	11	342
Sandusky, 1,395—Sanilac							
Tweedie Hospital	Gen	Part	10	2	2	6	209

MICHIGAN—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Sault Ste. Marie, 13,755—Chippewa							
Chippewa County War Memorial Hospital	Gen	County	64	14	185	48	1,581
Station Hospital	Gen	Army	40	..	..	15	....
South Haven, 4,864—Van Buren							
City Hospital	Gen	City	30	6	76	8	359
Pennoyar Memorial Hospital	Gen	Indiv	12	6	22	6	196
Stambaugh, 2,400—Iron							
General Hospital Company of Iron River District	Gen	NPAssn	27	6	53	11	428
Sturgis, 6,950—St. Joseph							
Sturgis Memorial Hospital	Gen	City	38	6	172	16	671
Three Rivers, 6,982—St. Joseph							
Three Rivers Hospital	Gen	City	30	5	60	14	550
Traverse City, 12,559—Grand Traverse							
James Decker Munson Hosp.*	Gen	State	50	11	126	23	1,047
Traverse City State Hosp.**	Ment	State	2,300	..	..	2,296	309
Trimountain, 2,541—Houghton							
Copper Range Hospital	Gen	NPAssn	20	1	14	5	152
Wakefield, 3,677—Gogebic							
Wakefield Hospital	Gen	Corp	13	5	28	3	64
West Branch, 1,164—Ogemaw							
Tolfree Memorial Hospital	Gen	City	15	3	16	6	146
Wyandotte, 28,368—Wayne							
Wyandotte General Hospital	Gen	City	130	30	884	90	2,958
Ypsilanti, 10,143—Washtenaw							
Beyer Memorial Hospital	Gen	City	25	6	132	16	504
Leland Sanatorium	TB	NPAssn	138	..	..	83	87
Ypsilanti State Hospital**	Ment	State	1,400	..	..	1,486	222
Zeeland, 2,852—Ottawa							
Thomas G. Huizinga Memorial Hospital	Gen	NPAssn	13	3	39	6	273

Related Institutions

Addison, 452—Lenawee							
Addison Community Hospital	Gen	County	5	3	18	2	98
Adrian, 13,064—Lenawee							
Lenawee County Tuberculosis Sanatorium	TB	County	25	..	..	20	13
Alma, 6,734—Gratiot							
Michigan Masonic Home and Hospital	Inst	Frat	50	..	..	20	93
Charlevoix, 227—Charlevoix							
Charlevoix Hospital	Gen	NPAssn	20	7	37	13	472
Coldwater, 6,735—Branch							
Branch County Infirmary and Hospital	Inst	County	62	..	No data supplied		
Michigan Children's Village	MeDe	State	340	..	..	New	....
Crystal Falls, 2,995—Iron							
Iron County Infirmary	Gen	County	14	..	..	12	....
Detroit, 1,568,662—Wayne							
Memorial Hospital	SkCa	Part	6	..	..	1	184
Mercy Hospital (col.)	Gen	Indiv	46	6	30	30	289
St. Luke's Convalescent Home	Conv	Church	30	..	..	30	89
Saratoga General Hospital	Gen	NPAssn	40	7	170	18	832
Sheppard Hospital	Conv	Indiv	25	2	8	14	62
William Booth Memorial Hosp.	Mat	Church	56	32	298	38	395
Douglas, 389—Allegan							
Douglas Hospital	Gen	Indiv	11	3	15	4	149
Edmore, 807—Montcalm							
Edmore Hospital	Gen	Indiv	10	2	23	4	240
Farmington, 1,243—Oakland							
Children's Hospital Convalescent Home	Conv	NPAssn	240	..	..	176	606
Wehenkel Convalescent Home	TB	Indiv	26	..	..	21	54
Flint, 156,492—Genesee							
Genesee County Infirmary	Inst	County	185	6	20	170	....
Michigan School for the Deaf	Inst	State	36	..	..	7	386
Grand Rapids, 168,592—Kent							
Kent County Receiving Hosp.	N&M	County	32	..	..	19	397
Michigan Soldiers' Home Hosp.	Inst	State	245	..	..	125	....
Municipal Isolation Hospital	Iso	City	40	..	..	18	310
Salvation Army Evangeline Booth Home and Hospital	Mat	Church	40	9	97	30	142
Harbor Beach, 1,892—Huron							
Harbor Beach Hospital	Gen	Corp	18	4	61	7	341
Ionia, 6,582—Ionia							
Michigan State Reformatory	Inst	State	24	..	..	12	4,512
Jackson, 55,187—Jackson							
Florence Crittenton Home and Hospital	Mat	NPAssn	25	12	30	14	45
Jackson County Contagious Hospital	Iso	CyCo	35	..	..	6	90
Michigan State Prison Hosp.	Inst	State	225	..	..	135	1,740
Lansing, 78,397—Ingham							
Boy's Vocational School Hosp.	Inst	State	56	..	..	10	720
Lansing City Hospital	Iso	City	50	..	..	..	300
Lapeer, 5,008—Lapeer							
Lapeer City Hospital	Gen	Part	18	4	22	3	192
Michigan Home and Training School*	MeDe	State	4,165	..	..	3,859	304
Marquette, 14,799—Marquette							
Hospital of the State House of Correction and Branch Prison	Inst	State	24	..	..	7	274
Mt. Clemens, 13,497—Macomb							
Sigma Gamma Convalescent Home for Crippled Children	Orth	NPAssn	50	..	..	33	180
Mt. Pleasant, 5,211—Isabella							
Mt. Pleasant General Hospital	Gen	Indiv	45	5	96	..	456
Northville, 2,566—Wayne							
Wayne County Training School	MeDe	County	835	..	..	653	166
Okemos, 216—Ingham							
Ingham County Infirmary	Conv	County	40	..	..	40	60

Key to symbols and abbreviations is on page 798

MICHIGAN—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Ontonagon, 1,937—Ontonagon							
Bon Air Tuberculosis Sanat.	TB	County	16	..	..	16	6
Otter Lake, 336—Lapeer							
American Legion Children's Billet	TB	Frat	125	..	..	125	200
Pontiac, 64,928—Oakland							
Oakland County Infirmary	Inst	County	100	..	..	70	254
Port Huron, 31,361—St. Clair							
Port Huron Emergency Hosp.	Tbls	City	18	6	..	2	51
Rochester, 3,554—Oakland							
"The Haven"	N&M	Indiv	32	..	..	19	143
Rogers City, 3,578—Presque Isle							
Rogers City Hospital	Gen	Indiv	6	1	5	2	50
Royal Oak, 27,264—Oakland							
Sunnybrook Hospital	Gen	Indiv	23	7	104	8	374
St. Clair, 3,380—St. Clair							
St. Clair Community Hospital	Gen	City	12	5	40	..	253
Shelby, 1,152—Oceana							
Shelby Community Hospital	Gen	NPAssn	11	4	29	6	208
Stockbridge, 715—Ingham							
Rowe Memorial Hospital	Gen	Part	7	3	30	3	156
Traverse City, 12,559—Grand Traverse							
Grand Traverse County Hosp.	Gen	County	23	2	2	16	180
Wahjamega, 111—Tuscola							
Michigan Farm Colony for Epileptics	Epil	State	1,044	..	..	992	176

Summary for Michigan:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	182	34,812	28,441	289,288
Related institutions	50	8,262	6,859	17,672
Totals	232	43,074	35,300	306,960
Refused registration	19	476		

MINNESOTA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Ada, 1,895—Norman							
Norman County Memorial Hosp.	Gen	NPAssn	10	3	35	4	245
Ah-gwah-ching, 45—Cass							
Minnesota State Sanatorium	TB	State	450	..	..	290	292
Albert Lea, 10,169—Freeborn							
Saeve Hospital	Gen	NPAssn	70	10	246	38	1,826
Alexandria, 3,676—Douglas							
Douglas County Hospital	Gen	NPAssn	35	6	39	11	372
St. Luke's Hospital	Gen	Indiv	17	6	30	9	280
Anoka, 4,851—Anoka							
Gates' Hospital	Gen	Indiv	11	5	28	..	94
Appleton, 1,625—Swift							
Kaufman Hospital	Gen	Indiv	15	3	29	9	434
Austin, 12,276—Mower							
St. Olaf Lutheran Hospital	Gen	Church	53	12	253	37	1,639
Bagley, 885—Clearwater							
Clearwater Hospital	Gen	Indiv	12	4	27	5	202
Battle Lake, 552—Otter Tail							
Otter Tail County Sanatorium	TB	County	44	..	..	40	30
Bemidji, 7,368—Beltrami							
Lutheran Hospital	Gen	NPAssn	50	6	92	21	823
Benson, 2,005—Swift							
Swift County Hospital	Gen	NPAssn	19	5	39	8	302
Biwabik, 1,383—St. Louis							
Biwabik Hospital	Gen	Indiv	12	5	18	3	114
Blue Earth, 2,884—Faribault							
Blue Earth Hospital	Gen	Indiv	8	4	20	4	150
Brainerd, 10,221—Crow Wing							
St. Joseph's Hospital	Gen	Church	65	15	149	35	1,404
Breckenridge, 2,264—Wilkin							
St. Francis Hospital	Gen	Church	50	8	130	29	1,010
Buffalo, 1,499—Wright							
Catlin Hospital	Gen	Indiv	12	3	12	4	125
Canby, 1,738—Yellow Medicine							
John Swenson Memorial Hosp.	Gen	City	18	5	31	6	226
Cannon Falls, 1,258—Goodhue							
Minn. Springs Sanatorium	TB	County	100	..	..	95	60
Clarkfield, 862—Yellow Medicine							
Clarkfield Community Hospital	Gen	Indiv	10	4	31	5	247
Cloquet, 6,782—Carlton							
Fond du Lac Indian Hospital	Gen	I A	25	4	64	20	502
Raiter Hospital	Gen	Part	28	5	107	18	707
Crookston, 6,321—Polk							
Bethesda Hospital	Gen	Church	45	7	104	34	982
St. Vincent's Hospital	Gen	Church	44	6	77	29	934
Sunnyrest Sanatorium	TB	County	70	..	..	57	60
Crosby, 3,—Crow Wing							
Miner's Hospital	Gen	Indiv	20	6	50	5	128
Dawson, 1,586—Lac qui Parle							
Dawson Surgical Hospital	Gen	NPAssn	25	4	21	12	339
Deerwood, 558—Crow Wing							
Deerwood Sanatorium	TB	County	24	..	..	22	19
Detroit Lakes, 3,675—Becker							
Community Hospital	Gen	NPAssn	21	6	65	13	481
Duluth, 101,463—St. Louis							
Miller Memorial Hospital	Gen	City	30	9	..	12	324
St. Luke's Hospital	Gen	NPAssn	237	35	718	163	5,169
St. Mary's Hospital	Gen	Church	230	30	613	167	4,816
Webber Hospital	Gen	Indiv	40	10	..	25	..

MINNESOTA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Ely, 4,136—St. Louis							
Shipman Hospital	Gen	Part	15	6	36	6	258
Eveleth, 7,464—St. Louis							
More Hospital	Gen	Corp	30	8	64	17	712
Fairmont, 5,521—Martin							
Fairmont Hospital	Gen	Indiv	12	4	18	5	252
Gardner Hospital	Gen	Indiv	10	2	9	4	211
Faribault, 12,767—Rice							
St. Lucas Evangelical Deaconess Hospital	Gen	Church	50	14	219	31	1,132
Farmington, 1,342—Dakota							
Community Hospital	Gen	Indiv	20	4	53	12	389
Fergus Falls, 9,289—Otter Tail							
Fergus Falls State Hospital	Ment	State	1,900	..	..	1,864	788
George B. Wright Memorial Hospital	Gen	NPAssn	38	9	92	21	842
St. Luke's Hospital	Gen	NPAssn	58	8	98	29	650
Ft. Snelling, 1,327—Hennepin							
Station Hospital	Gen	Army	150	1	46	107	2,448
Fosston, 978—Polk							
Fosston Hospital	Gen	Part	12	4	58	8	351
Graceville, 909—Big Stone							
Western Minnesota Hospital	Gen	Corp	30	5	75	17	652
Grand Rapids, 3,206—Itasca							
Itasca Hospital	Gen	County	46	9	160	37	1,329
Granite Falls, 1,791—Yellow Medicine							
Granite Falls Hospital	Gen	Indiv	10	5	30	7	229
Riverside Sanatorium	TB	County	52	..	..	49	24
Hallock, 869—Kittson							
Kittson War Veterans' Memorial Hospital	Gen	County	25	6	71	24	696
Hendricks, 702—Lincoln							
Hendricks Hospital	Gen	NPAssn	14	4	28	8	809
Heron Lake, 736—Jackson							
Southwestern Minnesota Hosp.	Gen	Indiv	12	2	19	3	105
Hibbing, 15,666—St. Louis							
Adams Hospital	Gen	Indiv	25	6	67	11	702
Rood Hospital	Gen	Indiv	40	12	133	22	1,047
Hutchinson, 3,486—McLeod							
Hutchinson Community Hosp.	Gen	NPAssn	25	6	54	12	512
International Falls, 5,036—Koochiching							
Craig Hospital	Gen	Indiv	26	6	35	20	382
Northern Minnesota Hospital	Gen	Corp	30	6	36	8	326
Jackson, 2,386—Jackson							
Halloran Hospital	Gen	Part	12	4	35	5	182
Lake City, 3,210—Wabasha							
Lake City Hospital	Gen	NPAssn	19	5	60	12	501
Lake Park, 624—Becker							
Sand Beach Sanatorium	TB	County	46	..	..	42	13
Litchfield, 2,850—Meeker							
Litchfield Hospital	Gen	Corp	30	6	85	13	753
Little Falls, 5,011—Morrison							
St. Gabriel's Hospital	Gen	Church	42	9	114	20	1,237
Luverne, 2,644—Rock							
Luverne Hospital	Gen	Part	15	6	70	5	230
Madison, 1,916—Lac qui Parle							
Ebenezer Lutheran Hospital	Gen	Church	25	5	34	8	301
Mankato, 14,038—Blue Earth							
Immanuel Hospital	Gen	Church	60	15	130	27	924
St. Joseph's Hospital	Gen	Church	90	30	240	50	1,675
Marshall, 3,226—Lyon							
Marshall Hospital	Gen	Corp	25	5	9	8	275
Melrose, 1,801—Stearns							
Melrose Hospital	Gen	Indiv	10	3	26	5	240
Minneapolis, 464,356—Hennepin							
Abbott Hospital	Gen	Church	90	18	240	66	2,621
Asbury Hospital	Gen	Church	122	18	291	75	2,671
Eitel Hospital	Gen	NPAssn	100	20	294	91	4,389
Fairview Hospital	G&TB	Church	200	25	301	77	3,477
Harriet Walker Hospital	Mat	NPAssn	50	25	108	33	154
Hill Crest Surgical Hospital	Gen	NPAssn	46	20	226	22	1,029
Lutheran Deaconess Home and Hospital	Gen	Church	120	30	465	80	2,780
Maternity Hospital	Mat	ChNPAssn	83	34	529	60	933
Minneapolis General Hosp.	Gen	City	607	74	1,592	482	11,613
Minnesota General Hospital	See University Hospitals						
Northeastern Hospital	Gen	NPAssn	165	20	501	129	4,225
St. Andrew's Hospital	Gen	Church	60	20	311	56	2,827
St. Barnabas Hospital	Gen	NPAssn	137	18	342	70	2,995
St. Mary's Hospital	Gen	Church	220	30	509	114	3,523
Shriners Hospital for Crippled Children	Orth	Frat	60	..	..	58	212
Swedish Hospital	Gen	NPAssn	271	42	668	151	4,821
University Hospitals	Gen	State	420	50	430	315	8,430
Veterans Admin. Facility	G&TB	Vet	642	..	..	557	2,622
William Henry Eustis Children's Hospital. Unit of University Hospitals							
Montevideo, 4,319—Chippewa							
Montevideo Hospital	Gen	NPAssn	40	10	138	21	941
Moorhead, 7,851—Clay							
St. Ansgars Hospital	Gen	Church	50	10	103	31	935
Moose Lake, 742—Carlton							
Moose Lake Community Hosp.	Gen	Indiv	12	3	57	4	228
Morris, 2,474—Stevens							
Morris Hospital	Gen	Indiv	12	4	29	5	195
Mountain Lake, 1,388—Cottonwood							
Bethel Hospital	Gen	Church	20	5	78	8	215
New Prague, 1,543—Le Sueur							
New Prague Community Hosp.	Gen	NPAssn	20	3	34	6	280
New Ulm, 7,308—Brown							
Loretto Hospital	Gen	Church	45	8	118	27	827
Union Hospital	Gen	NPAssn	50	10	90	27	850
Nopeming, 384—St. Louis							
Nopeming Sanatorium	TB	County	230	..	..	227	234
Northfield, 4,155—Rice							
Northfield City Hospital	Gen	City	10	4	28	5	181

Key to symbols and abbreviations is on page 798

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MINNESOTA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Oak Terrace,—Hennepin							
Glen Lake Sanatorium●◇	TB	County	701	6	5	701	466
Onigum, 19—Cass							
Onigum General Hospital	Gen	I A	21	4	44	25	510
Ortonville, 2,017—Big Stone							
Ortonville Evangelical Hosp.	Gen	Church	20	4	36	5	192
Owatonna, 7,654—Steele							
Owatonna City Hospital	Gen	City	46	9	119	16	976
Paynesville, 1,121—Stearns							
Paynesville Hospital	Gen	Indiv	15	3	..	6	...
Perham, 1,411—Otter Tail							
St. James' Hospital	Gen	Church	40	6	73	30	1,186
Pine River, 625—Cass							
Holman Hospital	Gen	Indiv	20	4	121	20	540
Pipestone, 5,489—Pipestone							
Ashton Memorial Hospital	Gen	NPAssn	46	4	66	26	850
Pohegama,—Pine							
Pohegama Sanatorium	TB	NPAssn	56	..	..	21	59
Princeton, 1,686—Mille Lacs							
Northwestern Hospital	Gen	Indiv	30	4	28	5	612
Puposky, 6,—Beltrami							
Lake Julia Tuberculosis Sanat.	TB	County	55	..	..	59	65
Redlake, 214—Beltrami							
Red Lake Indian Hospital	Gen	I A	23	6	70	16	768
Red Wing, 9,629—Goodhue							
Red Wing Hospital	Gen	City	36	4	56	25	867
St. John's Hospital●◇	Gen	NPAssn	75	15	166	38	1,235
Redwood Falls, 2,562—Redwood							
Redwood Falls Hospital	Gen	Part	15	4	36	5	504
Richmond, 666—Stearns							
Richmond Hospital	Gen	NPAssn	10	..	34	4	260
Rochester, 20,621—Olmsted							
Colonial Hospital◇	Gen	Corp	270	..	..	212	6,914
Rochester State Hospital●◇	Ment	State	1,579	..	..	1,624	520
St. Mary's Hospital◇	Gen	Church	557	27	657	339	8,198
Worrall Hospital◇	St'CaENT	Corp	196	..	..	..	6,789
Roseau, 1,028—Roseau							
Budd Hospital	Gen	Indiv	15	3	21	5	266
St. Cloud, 21,600—Stearns							
St. Cloud Hospital◇	Gen	Church	220	21	325	128	3,078
Veterans Admin. Facility	Ment	Vet	752	..	..	749	92
St. Paul, 271,606—Ramsey							
Ancker Hospital●◇	Gen	CyCo	850	50	1,397	739	11,454
Bethesda Hospital●◇	Gen	Church	100	20	606	91	3,953
Charles T. Miller Hospital●◇	Gen	NPAssn	100	21	808	122	3,164
Children's Hospital◇	Chil	NPAssn	65	..	..	34	1,210
Gillette State Hospital for Crippled Children●◇	Orth	State	250	..	..	226	309
Midway Hospital◇	Gen	Church	100	35	443	81	2,000
Mounds Park Sanitarium◇	Gen	Church	125	12	175	77	1,586
Northern Pacific Beneficial Association Hospital◇	Gen	NPAssn	150	12	160	84	2,411
St. John's Hospital	Gen	Church	75	15	156	47	1,656
St. Joseph's Hospital●◇	Gen	Church	246	24	422	171	5,483
St. Luke's Hospital◇	Gen	NPAssn	125	25	250	47	1,796
West Side General Hospital	Gen	Church	65	16	158	28	1,380
St. Peter, 4,811—Nicollet							
Covell Hospital	Gen	Corp	26	10	71	9	297
St. Peter State Hospital◇	Ment	State	2,057	..	..	1,949	613
Slayton, 1,102—Murray							
Home Hospital	Gen	Part	22	4	..	8	...
Springfield, 2,849—Brown							
St. John's Hospital	Gen	Church	19	5	47	6	228
Spring Grove, 867—Houston							
Spring Grove Hospital	Gen	Corp	15	7	83	7	321
Starbuck, 731—Pope							
Minnewaska Hospital	Gen	NPAssn	14	3	25	6	162
Stillwater, 7,173—Washington							
Lakeview Memorial Hospital	Gen	CyCo	38	6	128	21	680
Thief River Falls, 4,938—Pennington							
Oakland Park Sanatorium	TB	County	55	..	..	51	35
Physicians Hospital	Gen	NPAssn	21	6	90	14	713
St. Luke's Hospital	Gen	NPAssn	30	6	70	21	929
Tracy, 2,670—Lyon							
Clinic Hospital	Gen	Part	12	4	38	5	185
Tracy Hospital	Gen	Indiv	17	4	63	10	580
Two Harbors, 4,425—Lake							
Burns and Christensen Hosp.	Gen	Part	35	6	67	13	624
Tyler, 895—Lincoln							
Tyler Hospital	Gen	NPAssn	18	5	46	7	387
Virginia, 11,963—St. Louis							
Leonot Hospital	Gen	Indiv	14	4	26	6	219
Virginia General Hospital	Gen	Part	15	4	67	6	269
Wabasha, 2,212—Wabasha							
Buena Vista Sanatorium	TB	County	30	..	..	25	14
St. Elizabeth's Hospital	Gen	Church	38	6	48	22	467
Wadena, 2,512—Wadena							
Fair Oaks Lodge Sanatorium	TB	County	38	..	..	30	30
Wesley Hospital	Gen	Church	43	5	73	18	657
Walker, 618—Cass							
Walker Hospital	Gen	Indiv	25	6	25	4	238
Warren, 1,473—Marshall							
Warren Hospital	Gen	Church	30	6	53	12	406
Waseca, 3,815—Waseca							
Waseca Memorial Hospital	Gen	City	38	8	160	7	380
White Earth, 615—Becker							
White Earth Indian Hospital	Gen	I A	20	6	112	19	328
Willmar, 6,173—Kandiyohi							
General Hospital	Gen	Indiv	16	6	32	..	227
Willmar Hospital	Gen	Corp	34	4	45	16	457
Windom, 2,122—Cottonwood							
Windom Hospital	Gen	NPAssn	15	5	30	7	305
Winnebago, 1,701—Faribault							
Winnebago Community Hosp.	Gen	Part	9	4	25	3	154

MINNESOTA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Winona, 20,850—Winona							
Winona General Hospital	Gen	NPAssn	109	20	283	67	1,510
Worthington, 3,878—Nobles							
Southwestern Minnesota Sanat.	TB	County	54	..	..	54	39
Worthington Clinic Hospital	Gen	Part	20	5	83	16	617
Worthington Hospital	Gen	Indiv	10	6	50	8	300
Related Institutions							
Aitkin, 1,545—Aitkin							
Beecroft Hospital	Mat	Indiv	5	2	14	1	68
Anoka, 4,851—Anoka							
Anoka State Asylum	Ment	State	1,350	..	..	1,329	123
Barrett, 308—Grant							
Powers Hospital	Surg	Indiv	10	..	..	2	...
Bertha, 466—Todd							
Thiel Hospital	Gen	Indiv	18	5	50	6	315
Buhl, 1,634—St. Louis							
St. Louis County Hospital	Inst	County	53	..	..	39	414
Caledonia, 1,554—Houston							
Caledonia Hospital	Gen	Indiv	17	8	No data supplied		
Cambridge, 1,183—Isanti							
Minnesota Colony for Epileptics	MeDe	State	878	..	..	876	56
Cloquet, 6,782—Carlton							
Eppard Hospital	Gen	Indiv	9	4	29	2	72
Cokato, 1,125—Wright							
Cokato Hospital	Gen	Indiv	12	6	11	7	168
Detroit Lakes, 3,675—Becker							
Detroit Hospital	Gen	Indiv	7	2	7	2	56
Duluth, 101,463—St. Louis							
Hearding Hospital	Inst	County	65	..	..	60	1,724
Ellsworth, 644—Nobles							
Ellsworth Hospital	Gen	Indiv	10	3	13	3	55
Ely, 6,156—St. Louis							
Detention Hospital	Iso	City	16	..	..	2	30
Faribault, 12,787—Rice							
Minnesota School for Feebleminded	MeDe	State	2,300	..	..	2,231	276
Glenwood, 2,220—Pope							
Glenwood Hospital	Gen	Part	8	3	21	6	205
Thorson Hospital	Gen	Indiv	8	2	13	3	91
Greenbush, 387—Roseau							
General Hospital	Gen	Indiv	8	3	29	4	195
Hastings, 5,086—Dakota							
Hastings State Asylum	MeDe	State	1,000	..	..	1,054	52
Latto Hospital	Gen	Indiv	20	5	39	..	106
St. Francis Hospital	Gen	Indiv	15	2	17	..	138
St. Raphael Hospital	Gen	Indiv	16	4	No data supplied		
Hibbing, 15,666—St. Louis							
Hibbing Detention Hospital	Iso	City	15	..	..	5	60
Long Prairie, 1,854—Todd							
Long Prairie Hospital	Gen	Indiv	10	2	8	2	105
Madelia, 1,397—Watonwan							
Madelia Hospital	Gen	Indiv	13	4	60	4	195
Minneapolis, 464,356—Hennepin							
Barton-Loring Home for Convalescents	Conv	NPAssn	25	..	..	15	100
Homewood Hospital	Conv	NPAssn	34	..	..	29	226
Lymanhurst Health Center	Conv	City	40	..	..	30	40
Minneapolis Sanitarium	N&M	Indiv	12	..	..	8	41
Minnesota Sanitarium	N&M	Indiv	23	..	..	5	...
Minnesota Soldiers' Home Hosp.	Inst	State	100	..	..	75	293
Parkview Sanatorium	Chr	City	185	..	..	156	247
Portland Resthome	N&M	Indiv	10	..	..	7	8
Rest Home	Conv	Indiv	17	..	..	13	29
Rest Hospital	N&M	Indiv	17	..	..	15	140
Sarahurst	TB	NPAssn	19	..	..	10	9
Vocational Hospital	Conv	NPAssn	35	..	..	29	107
Morris, 2,474—Stevens							
Stevens County Hospital	Gen	NPAssn	18	5	38	7	309
Mudbaden,—Scott							
Mudbaden Sulphur Springs	Conv	Corp	90	..	..	16	1,320
Owatonna, 7,654—Steele							
Minnesota State Public School	Inst	State	46	..	..	19	687
Parkers Prairie, 631—Otter Tail							
Lelboki Hospital	Surg	Indiv	8	..	..	3	97
Pelican Rapids, 1,365—Otter Tail							
Dr. Boyen's Hospital	Gen	Indiv	8	4	25	2	56
Pelican Rapids Hospital	Gen	Indiv	7	3	33	2	69
Pipestone, 5,489—Pipestone							
Pipestone Indian Hospital	Gen	I A	36	10	3	25	156
Red Wing, 9,629—Goodhue							
Minnesota State Training School for Boys	Inst	State	20	..	..	10	935
St. Cloud, 21,600—Stearns							
Minnesota State Reformatory Hospital	Inst	State	30	..	..	7	1,015
St. Paul, 271,606—Ramsey							
Children's Preventorium of Ramsey County	TB	CyCo	80	..	..	79	101
Mrs. Robbins Rest Home	N&M	Indiv	12	..	..	8	22
Salvation Army Home and Hospital	Mat	Church	80	10	56	36	58
Samaritan Hospital	Gen	NPAssn	27	6	38	10	356
Sauk Center, 2,716—Stearns							
Long Hospital	Gen	Indiv	6	3	9	1	45
Shakopee, 2,023—Scott							
Madsura Sanitarium	Conv	Corp	72	..	..	22	663
Stillwater, 7,173—Washington							
Minnesota State Prison Hosp.	Inst	State	50	..	..	40	495
Virginia, 11,963—St. Louis							
City Detention Hospital	Iso	City	37	..	..	2	...
Warroad, 1,184—Roseau							
Warroad Hospital	Gen	City	12	1	22	6	197
Watertown, 564—Carver							
Shrader and Lee Hospital	Gen	Indiv	7	4	34	3	161

Key to symbols and abbreviations is on page 798

MINNESOTA—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Wayzata, 1,100—Hennepin							
Minnetonka Hospital	Gen	NPAssn	12	3	16	5	180
Wheaton, 1,579—Traverse							
Wheaton Hospital	Gen	Indiv	12	5	62	6	386
Willmar, 6,175—Kandiyohi							
Willmar State Asylum	Ment	State	1,450	..	..	1,457	347
Worthington, 3,878—Nobles							
Dolan Hospital	Gen	Indiv	6	6	41	3	80

Summary for Minnesota:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	162	19,002	14,802	193,591
Related institutions	57	8,518	7,743	13,501
Totals	219	27,520	22,545	207,092
Refused registration	9	198		

MISSISSIPPI

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Aberdeen, 3025—Monroe							
Aberdeen Hospital	Gen	City	22	3	..	5	...
Amory, 3,214—Monroe							
Gilmore Sanitarium†	Gen	NPAssn	35	3	20	14	622
Biloxi, 14,870—Harrison							
Biloxi Hospital†	Gen	NPAssn	50	8	74	10	524
Veterans Admin. Facility	Gen	Vet	207	..	..	162	1,654
Booneville, 1,736—Prentiss							
North East Mississippi Hosp.	Gen	NPAssn	50	2	25	12	685
Brookhavn, 5,588—Lincoln							
Kings Daughters Hospital	Gen	NPAssn	50	7	90	6	600
Canton, 4,125—Madison							
Madison County Kings Daughters Hospital	Gen	NPAssn	21	5	10	3	220
Centreville, 1,344—Wilkinson							
Field Memorial Hospital†	Gen	Part	28	4	34	17	624
Charleston, 2,014—Tallahatchie							
Charleston Hospital	Gen	Indiv	15	2	15	5	185
Clarksdale, 20,634—Coahoma							
Clarksdale Hospital	Gen	NPAssn	22	5	61	4	485
Columbia, 4,822—Marion							
Columbia Clinic-Hospital†	Gen	Indiv	35	3	21	14	1,224
Columbus, 10,743—Lowndes							
Columbus Hospital	Gen	Indiv	25	5	31	5	217
Pite Hospital†	Gen	Indiv	35	5	31	11	467
Corinth, 6,230—Alcorn							
Corinth Hospital	Gen	Indiv	12	3	28	4	227
McRae Hospital†	Gen	NPAssn	60	5	21	12	364
Electric Mills, 1,084—Kemper							
George C. Hixon Memorial Hospital	Gen	NPAssn	50	6	33	10	451
Greenville, 14,987—Washington							
Kings Daughters Hospital†	Gen	NPAssn	106	14	145	54	2,120
Greenwood, 11,123—Leflore							
Greenwood-Leflore Hospital†	Gen	CyCo	35	8	54	11	562
Grenada, 4,349—Grenada							
Grenada General Hospital†	Gen	Part	50	4	32	15	838
Gulfport, 12,547—Harrison							
Kings Daughters Hospital†	Gen	NPAssn	60	6	No data supplied		
Veterans Admin. Facility	Ment	Vet	630	..	..	562	222
Hattiesburg, 18,601—Forrest							
Methodist Hospital†	Gen	Church	75	12	120	19	1,131
South Mississippi Infirmary†	Gen	Indiv	60	15	..	12	...
Houston, 1,477—Chickasaw							
Houston Hospital†	Gen	NPAssn	40	2	16	15	562
Jackson, 48,982—Hinds							
Jackson Infirmary†	Gen	NPAssn	55	12	191	25	1,583
Mississippi Baptist Hospital†	Gen	Church	79	6	243	56	3,258
Mississippi State Charity Hospital†	Gen	State	125	..	5	56	3,686
Dr. Willis Walley Hospital†	Gen	Corp	65	3	16	14	725
Laurel, 18,017—Jones							
Laurel General Hospital†	Gen	Indiv	50	8	156	15	1,256
South Mississippi Charity Hospital†	Gen	State	60	6	42	41	1,801
Lexington, 2,780—Holmes							
Holmes County Community Hospital	Gen	County	25	2	18	6	412
Macon, 2,198—Noxubee							
Macon Hospital	Gen	Indiv	30	2	10	7	308
McComb, 10,607—Pike							
Memb City Hospital†	Gen	Indiv	36	2	57	11	984
McComb Infirmary	Gen	Indiv	25	2	..	9	...
Meridian, 31,954—Lauderdale							
Anderson Infirmary	Gen	Indiv	45	5	39	10	520
East Mississippi State Hosp.	Ment	State	500	..	..	500	304
Matty Hersee Hospital†	Gen	State	90	10	58	32	1,803
Meridian Sanitarium and Clinic†	Gen	Indiv	55	6	57	14	1,075
Dr. F. G. Riley's Hospital and Clinic	Gen	Indiv	35	6	31	13	503
Rush's Infirmary†	Gen	Indiv	32	5	52	16	1,010
Natchez, 15,422—Adams							
Chamberlain-Rice Hospital	Gen	Corp	50	7	..	15	...
Natchez Charity Hospital†	Gen	State	60	6	193	49	2,064
Natchez Sanatorium†	Gen	Corp	30	5	57	15	720
New Albany, 3,187—Union							
Mayes Hospital	Gen	Indiv	20	2	45	8	451
New Albany Hospital and Clinic	Gen	NPAssn	16	2	15	5	209
Newton, 2,011—Newton							
Newton Infirmary	Gen	Corp	25	3	28	6	457

MISSISSIPPI—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Oxford, 2,889—Lafayette							
Bramlett Hospital†	Gen	Corp	25	5	32	13	742
Oxford Hospital†	Gen	Indiv	30	5	30	16	1,014
Pascagoula, 4,538—Jackson							
Jackson County Hospital	Gen	County	24	5	42	9	377
Philadelphia, 2,440—Neshoba							
Choctaw-Mississippi Hospital	Gen	I A	28	7	36	18	654
Philadelphia Hospital	Gen	Indiv	9	4	20	5	287
Picayune, 4,696—Pearl River							
Martin Sanatorium	Gen	Indiv	24	2	22	7	273
Rosedale, 2,117—Bolivar							
Kings Daughters Hospital	Gen	NPAssn	16	2	No data supplied		
Sanatorium, 61—Simpson							
Mississippi State Tuberculosis Sanatorium	TB	State	400	..	..	311	347
Starkville, 3,612—Oktibbeha							
Oktibbeha Hospital	Gen	Indiv	20	2	6	5	205
Tupelo, 6,361—Lee							
Tupelo Hospital†	Gen	Corp	35	2	52	12	885
Tylertown, 1,012—Walthall							
Tylertown Hospital	Gen	Indiv	15	2	20	7	260
Vicksburg, 22,543—Warren							
Mississippi State Charity Hospital†	Gen	State	100	6	205	72	2,446
Vicksburg Hospital†	Gen	NPAssn	30	6	30	20	1,485
Vicksburg Infirmary†	Gen	Indiv	70	5	60	43	1,427
Vicksburg Sanitarium and Crawford Street Hospital†	Gen	NPAssn	75	6	86	30	1,759
Water Valley, 3,728—Yalobusha							
Water Valley Hospital	Gen	Part	25	4	10	3	275
West Point, 4,677—Clay							
Ivy Hospital	Gen	Indiv	25	6	30	12	375
Whitfield—Rankin							
Mississippi State Hospital	Ment	State	2,700	..	..	2,543	1,000
Winona, 2,607—Montgomery							
Winona Infirmary†	Gen	NPAssn	38	2	23	12	415
Yazoo City, 5,529—Yazoo							
Kings Daughters Hospital	Gen	NPAssn	31	4	15	6	484
Related Institutions							
Biloxi, 14,870—Harrison							
Jefferson Davis Soldiers Home	Inst	State	60	..	..	30	29
Clarksdale, 20,634—Coahoma							
Afro-American Colored Hosp.	Gen	Frat	12	..	No data supplied		
Ellisville, 2,127—Jones							
Ellisville State School	MeDe	State	400	..	..	200	25
Greenville, 14,987—Washington							
Kings Daughters Hospital (col.)	Gen	NPAssn	25	..	4	10	228
Greenwood, 11,123—Leflore							
Greenwood Colored Hospital	Gen	Indiv	12	..	..	3	...
Meridian, 31,954—Lauderdale							
Kings Daughters Tuberculosis Hospital	TB	NPAssn	45	..	..	24	33
Oktoloona, 2,235—Chickasaw							
Wicks Hospital	Gen	Indiv	10	2	12	3	160
Poplarville, 1,486—Pearl River							
Pearl River County Hospital	Gen	Corp	20	2	No data supplied		
State College, 500—Oktibbeha							
James Z. George Memorial Hosp.	Inst	State	44	..	..	5	282
University, 15—Lafayette							
University of Mississippi Hosp.	Inst	State	30	..	..	10	220

Summary for Mississippi:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	66	7,332	5,491	54,349
Related institutions	11	1,919	1,387	1,291
Totals	77	9,251	6,878	55,640
Refused registration	2	72		

MISSOURI

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Bonne Terre, 4,021—St. Francois							
Bonne Terre Hospital	Gen	NPAssn	30	5	33	11	260
Boonville, 6,435—Cooper							
St. Joseph's Hospital†	Gen	Church	75	14	74	32	979
Butler, 2,708—Bates							
Butler Memorial Hospital	Gen	Indiv	16	2	61	9	497
California, 2,384—Moniteau							
Latham Sanitarium	Gen	Indiv	33	2	6	12	825
Canton, 2,044—Lewis							
Canton Community Hospital	Gen	Indiv	13	2	14	3	111
Cape Girardeau, 16,227—Cape Girardeau							
St. Francis Hospital	Gen	Church	50	10	87	30	1,102
Southeast Missouri Hospital	Gen	NPAssn	70	12	215	42	1,429
Carthage, 9,736—Jasper							
McCune-Brooks Hospital	Gen	City	38	6	73	15	630
Chillicothe, 9,177—Livingston							
Chillicothe Hospital	Gen	Part	26	3	37	9	512
Clayton, 9,613—St. Louis							
St. Louis County Hospital	Gen	County	187	38	418	146	4,377
Columbia, 14,987—Boone							
Boone County General Hosp.	Gen	County	46	4	74	21	948
Noyes Hospital		Unit of University Hospitals					
Parker Memorial Hospital		Unit of University Hospitals					
State Hospital for Crippled Children		Unit of University Hospitals					
University Hospitals††	Gen	State	109	9	51	60	2,564

Key to symbols and abbreviations is on page 786

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MISSOURI—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Excelsior Springs, 4,565—Clay							
Excelsior Springs Sanitarium and Hospital	Gen	Corp	40	1	12	29	408
Veterans Admin. Facility	Gen	Vet	252	..	..	237	1,105
Farmington, 3,001—St. Francois							
State Hospital No. 4◆	Ment	State	1,272	..	..	1,220	455
Fayette, 2,630—Howard							
Lee Hospital	Gen	Part	20	5	30	5	347
Fulton, 6,105—Callaway							
State Hospital No. 1◆	Ment	State	2,009	..	..	1,834	511
Glendale (Kirkwood P.O.), 1,451—St. Louis							
Oakland Park Hospital	N&M	Corp	20	..	..	10	...
Hannibal, 22,761—Marion							
Levering Hospital	Gen	City	49	15	105	28	1,034
St. Elizabeth's Hospital	Gen	Church	60	10	155	33	1,219
Harrisonville, 2,306—Cass							
Harrisonville Hospital	Gen	Indiv	10	2	12	3	180
Independence, 15,296—Jackson							
Independence Sanitarium and Hospital◇	Gen	Church	68	12	298	34	1,522
Ironton, 974—Iron							
St. Mary's of the Ozarks Hosp.	Gen	Church	25	4	28	10	373
Jefferson Barracks, 842—St. Louis							
Station Hospital	Gen	Army	146	4	26	129	2,350
Veterans Admin. Facility	Gen	Vet	372	..	..	376	1,572
Jefferson City, 21,596—Cole							
St. Mary's Hospital	Gen	Church	87	13	187	50	2,143
Joplin, 33,454—Jasper							
Freeman Hospital	Gen	Church	90	12	96	35	1,327
St. John's Hospital◇	Gen	Church	100	10	123	50	1,801
Kansas City, 399,746—Jackson							
Children's Mercy Hospital◇	Chil	NPAssn	163	12	..	155	2,321
Fairmount Maternity Hospital	Mat	Corp	65	30	140	45	146
Kansas City General Hosp.*◇	Gen	City	430	45	689	352	8,335
Kansas City General Hospital No. 2 (col.)*◇	Gen	City	250	24	230	159	2,433
Kansas City Industrial Hosp.	Gen	NPAssn	12	4	15	3	182
Kansas City Tuberculosis Hosp.	TB	City	260	..	..	162	210
Menorah Hospital*	Gen	NPAssn	121	21	285	76	2,648
Neurological Hospital	N&M	NPAssn	60	..	..	30	150
Ralph Sanitarium	Drug	Indiv	20	..	..	9	208
Research Hospital*◇	Gen	NPAssn	200	25	346	143	4,344
St. Joseph Hospital*◇	Gen	Church	225	26	359	115	4,108
St. Luke's Hospital*◇	Gen	Church	205	24	508	118	3,824
St. Mary's Hospital*◆◇	Gen	Church	156	19	347	124	3,820
St. Vincent's Maternity Hosp.	Mat	Church	45	30	380	25	423
Simpson-Major Sanitarium	N&M	Part	30	..	..	17	189
Trinity Lutheran Hospital*◇	Gen	Church	125	24	338	60	2,769
Vineyard Park Hospital	Surg	Indiv	30	..	..	26	980
Wesley Hospital	Gen	NPAssn	95	15	79	25	784
Wheatley-Provident Hospital (col.)◆	Gen	NPAssn	67	2	..	16	479
Willows Maternity Sanitarium	MatCh	Indiv	75	75	155	39	172
Kirksville, 8,293—Adair							
Grim-Smith Hospital and Clinic	Gen	Corp	36	2	17	14	524
Stickler Hospital	Gen	Indiv	25	5	32	10	445
Lebanon, 3,562—Laclede							
Louise G. Wallace Hospital	Gen	NPAssn	24	5	40	15	536
Louisiana, 3,549—Pike							
Pike County Hospital	Gen	County	50	11	42	13	536
Macon, 3,851—Macon							
Samaritan Hospital	Gen	Indiv	25	6	15	5	167
Marceline, 3,555—Linn							
B. B. Putnam Memorial Hosp.	Gen	Indiv	15	2	12	4	166
Marshall, 8,103—Saline							
John Fitzgibbon Memorial Hosp.	Gen	NPAssn	45	5	27	11	502
Maryville, 5,217—Nodaway							
St. Francis Hospital	Gen	Church	75	6	75	24	1,020
Moberly, 13,772—Randolph							
McCormick Hospital	Gen	Indiv	40	5	36	24	840
Wabash Employee's Hospital	Indus	NPAssn	50	..	..	10	365
Woodland Hospital	Gen	Corp	35	5	..	16	510
Monett, 4,099—Barry							
Dr. William M. West's Hosp.	Gen	Indiv	18	3	25	3	175
Mt. Vernon, 1,342—Lawrence							
Missouri State Sanatorium	TB	State	505	..	..	435	673
Neosho, 4,485—Newton							
Sale Hospital	Gen	Indiv	12	2	22	4	355
Nevada, 7,448—Vernon							
Nevada Medical and Surgical Sanitarium	Gen	Indiv	12	3	18	5	168
State Hospital No. 3	Ment	State	1,704	..	..	1,655	403
Pine Lawn,—St. Louis							
Tiernon Hospital and Clinic	Gen	Indiv	28	9	32	20	200
Poplar Bluff, 7,551—Butler							
Brandon Hospital	Gen	Indiv	40	4	33	19	655
Poplar Bluff Hospital	Gen	Corp	48	6	26	28	630
Robertson, 714—St. Louis							
Jewish Sanatorium	TB	NPAssn	108	..	..	70	70
Rolla, 3,670—Phelps							
Rolla Hospital	Gen	Indiv	46	10	36	16	636
U. S. Trachoma Hospital	Trach	USPHS	35	..	..	28	310
St. Charles, 10,491—St. Charles							
St. Joseph's Hospital	Gen	Church	50	8	75	35	1,261
St. James, 1,294—Phelps							
St. James Hospital	Gen	Indiv	15	9	39	12	187
St. Joseph, 80,935—Buchanan							
Dr. Byrd's Sanitarium	N&M	Indiv	35	..	6	15	51
Missouri Methodist Hospital*◇	Gen	Church	200	20	436	110	4,119
St. Joseph's Hospital*◇	Gen	Church	160	25	355	71	2,371
State Hospital No. 2◆	Ment	State	2,535	..	..	2,463	551
St. Louis, 821,960—St. Louis City							
Alexian Brothers Hospital*◇	Gen	Church	200	..	..	92	1,295
American Hospital	Gen	Indiv	35	12	54	13	461
Barnard Free Skin and Cancer Hospital◆	SkCa	NPAssn	44	..	..	37	780

MISSOURI—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Barnes Hospital*◆◇	Gen	Church	300	..	..	264	8,134
Bethesda General Hospital	Gen	NPAssn	105	15	160	41	1,209
Central Hospital	Gen	Corp	30	10	100	25	779
Christian Hospital	Gen	NPAssn	98	25	275	45	1,575
City Isolation Hospital◆◇	Tbls	City	250	..	3	102	2,008
City Sanitarium◆	Ment	City	3,645	..	..	3,427	612
De Paul Hospital*◇	Gen	Church	250	35	719	150	5,171
Evangelical Deaconess Home and Hospital*◇	Gen	Church	150	30	435	114	4,064
Firmin Desloge Hospital*◆	Gen	Church	223	28	..	176	4,480
Frisco Employes' Hospital	Indus	NPAssn	100	..	..	36	1,318
Jewish Hospital*◆◇	Gen	NPAssn	257	33	405	147	4,626
Josephine Heitkamp Memorial Hospital	Gen	Church	35	10	124	20	815
Lutheran Hospital*◇	Gen	Church	150	30	423	85	3,194
Missouri Baptist Hospital*◇	Gen	Church	450	41	295	170	4,221
Missouri Pacific Hospital	Indus	NPAssn	300	..	..	133	3,858
Mt. St. Rose Sanatorium◆	TB	Church	135	..	..	126	232
Peoples Hospital (col.)	Gen	NPAssn	63	5	35	33	441
Robert Koch Hospital◆	TB	City	500	..	..	480	287
St. Ann's Lying-In Hospital	Mat	Church	45	40	487	22	589
St. Anthony's Hospital*	Gen	Church	200	50	791	130	3,245
St. John's Hospital*◇	Gen	Church	284	34	496	208	5,352
St. Louis Children's Hosp.◆◇	Chil	NPAssn	203	..	..	131	3,363
St. Louis City Hospital*◆◇	Gen	City	850	50	1,786	797	20,905
St. Louis City Hospital No. 2 (col.)*◆◇	Gen	City	285	40	587	200	7,528
St. Louis Maternity Hosp.◆◇	Mat	NPAssn	92	92	1,565	51	1,828
St. Luke's Hospital*◆◇	Gen	Church	178	32	529	153	3,979
St. Mary's Hospital*◆◇	Gen	Church	270	45	394	180	4,215
St. Mary's Infirmary (col.)*◇	Gen	Church	146	14	481	120	2,300
St. Vincent's Sanitarium	N&M	Church	300	..	..	282	171
Shriners Hospital for Crippled Children◆	Orth	Frat	100	..	..	90	430
U. S. Marine Hospital	Gen	USPHS	100	..	..	100	778
Sedalia, 20,806—Pettis							
John H. Bothwell Memorial Hospital	Gen	City	120	12	70	27	900
Springfield, 57,527—Greene							
Burge Hospital◇	Gen	Church	85	10	107	21	882
St. John's Hospital◇	Gen	Church	100	10	225	62	2,253
Springfield Baptist Hospital◇	Gen	Corp	100	10	150	44	1,991
U. S. Hospital for Defective Delinquents	Ment	Fed	705	..	..	282	315
Stella, 226—Newton							
C. Cardwell Hospital	Gen	Indiv	20	4	16	6	300
Trenton, 6,992—Grundy							
Cullers Hospital	Gen	Indiv	20	2	..	4	...
Wright Hospital	Gen	Indiv	17	4	6	3	176
Washington, 5,918—Franklin							
St. Francis Hospital	Gen	Church	36	6	101	25	816
Webb City, 6,876—Jasper							
Jasper County Tuberculosis Hospital	TB	County	103	..	..	101	102
Webster Groves, 16,487—St. Louis							
Glenwood Sanatorium	N&M	Corp	50	..	..	26	61
Westplains, 3,335—Howell							
Christa Hogan Hospital	Gen	Indiv	18	2	12	8	218

Related Institutions

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Diamond, 515—Newton							
Dr. Riley F. Cheatham's Hosp.	Gen	Indiv	8	..	..	2	40
Independence, 15,296—Jackson							
Valle Sanitarium	N&M	Corp	18	..	..	7	7
Jefferson City, 21,596—Cole							
Missouri State Penitentiary Hospital	Inst	State	67	..	..	58	616
Kansas City, 39,746—Jackson							
Florence Crittenton Home	Mat	NPAssn	14	16	22	25	37
Florence Crittenton Home (col.)	Mat	NPAssn	14	16	17	20	38
Trowbridge Training School for Nervous and Backward Children	MeDe	Indiv	25	..	..	15	17
Liberty, 3,516—Clay							
Missouri Odd Fellows Home Hospital	Inst	Frat	85	..	..	65	776
Marshall, 8,103—Saline							
Missouri State School—Epilepsy and Feebleminded	MeDe	State	1,211	..	..	1,179	44
Marthasville, 394—Warren							
Evangelical Emmaus Home for Epileptics and Feebleminded	MeDe	Church	125	..	..	99	8
Mountain Grove, 2,229—Wright							
Ryan Hospital	Gen	Indiv	7	1	8	3	73
Parkville, 636—Platte							
Waverly Hospital	Inst	NPAssn	22	..	..	..	209
Pomona, 337—Howell							
Pomona Hospital	Gen	Indiv	15	3	..	3	...
Rolla, 3,670—Phelps							
Missouri School of Mines Hosp.	Inst	State	14	..	..	2	116
St. Charles, 10,491—St. Charles							
Evangelical Emmaus Home for Epileptics and Feebleminded	MeDe	Church	142	..	..	127	22
St. James, 1,294—Phelps							
State Federal Soldiers Home Hospital	Inst	State	56	..	..	31	140
St. Joseph, 80,935—Buchanan							
Sunnyslope Hospital	Tbls	City	22	4	..	6	210
St. Louis, 821,960—St. Louis City							
City Infirmary	Inst	City	90	..	..	..	...
Hospital of Masonic Home	Inst	Frat	123	..	..	80	431
Night and Day Rest Camp	Conv	NPAssn	85	..	..	50	150
St. Louis Training School	MeDe	City	550	..	..	533	41
Salvation Army Women's Home and Hospital	Mat	Church	65	30	69	40	93

Key to symbols and abbreviations is on page 798

MISSOURI—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Sedalia, 20,806—Pettis							
City Hospital No. 2 (col.)	Gen	City	12	2	4	4	101
Springfield, 57,527—Greene							
Greene County Tuberculosis Sanatorium	TB	County	15	..	..	13	21
Warrensburg, 5,146—Johnson							
Oak Hill Sanitarium	Gen	Indiv	10	1	12	2	80
Warrensburg Clinic	Gen	Part	10	..	3	2	106
Webster Groves, 16,467—St. Louis							
Miriam Convalescent Home	Conv	Frat	30	..	..	18	417
Westplains, 3,335—Howell							
Cottage Hospital	Gen	Indiv	7	4	10	2	48

Summary for Missouri:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	122	25,621	20,110	199,402
Related institutions	28	2,907	2,437	5,987
Totals	150	28,528	22,547	205,439
Refused registration	24	1,191		

MONTANA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Anaconda, 12,494—Deerlodge							
St. Ann's Hospital	Gen	Church	65	9	115	27	988
Billings, 16,340—Yellowstone							
Billings Deaconess Hospital[6]	Gen	Church	54	12	223	40	1,389
St. Vincent's Hospital[6]	Gen	Church	120	12	236	77	1,576
Bozeman, 6,855—Gallatin							
Bozeman Deaconess Hospital[6]	Gen	Church	45	12	150	32	1,209
Browning, 1,173—Glacier							
Blackfeet Hospital	Gen	I A	31	9	86	29	541
Butte, 39,532—Silver Bow							
Murray Hospital[6]	Gen	Corp	120	12	109	41	1,085
St. James Hospital[6]	Gen	Church	141	16	309	84	1,958
Choteau, 926—Teton							
Choteau Hospital	Gen	Indiv	10	3	..	5	...
Conrad, 1,469—Pondera							
St. Mary's Hospital	Gen	Church	34	10	90	19	755
Crow Agency, 113—Big Horn							
Crow Indian Hospital	Gen	I A	22	6	53	23	621
Deer Lodge, 3,510—Powell							
Montana State Tuberculosis Sanitarium	TB	State	215	..	..	138	169
St. Joseph's Hospital	Gen	Church	35	10	49	18	273
Dillon, 2,422—Beaverhead							
Barrett Hospital	Gen	Corp	22	4	53	8	471
Ft. Benton, 1,106—Chouteau							
St. Clare Hospital	Gen	Church	40	6	66	25	402
Ft. Harrison,—Lewis and Clark							
Veterans Admin. Facility	Gen	Vet	458	..	..	221	879
Ft. Missoula (Missoula, P.O.),—Missoula							
Station Hospital	Gen	Army	36	..	..	25	497
Glasgow, 2,116—Valley							
Frances Mahon Deaconess Hosp.	Gen	Church	85	12	192	46	1,712
Glendive, 4,629—Dawson							
Dawson County Hospital	Gen	County	25	5	31	19	249
Northern Pacific Hospital	Gen	NPAssn	70	6	..	31	...
Great Falls, 28,822—Cascade							
Columbus Hospital[6]	Gen	Church	200	50	449	146	4,845
Montana Deaconess Hospital[6]	Gen	Church	150	25	357	111	2,956
Hamilton, 1,639—Ravalli							
Marcus Daly Memorial Hosp.	Gen	NPAssn	36	6	112	17	510
Hardin, 1,169—Big Horn							
Hardin General Hospital	Gen	Corp	30	6	60	8	306
Harlem, 706—Blaine							
Ft. Belknap Indian Hospital and Sanitarium	Gen	I A	45	8	70	22	475
Havre, 6,372—Hill							
Kennedy Deaconess Hospital[6]	Gen	Church	41	12	122	32	1,214
Sacred Heart Hospital[6]	Gen	Church	75	9	156	50	1,584
Helena, 11,803—Lewis and Clark							
St. John's Hospital	Gen	Church	50	15	142	41	866
St. Peter's Hospital	Gen	NPAssn	60	10	124	50	878
Jordan, 401—Garfield							
Good Samaritan Hospital	Gen	Church	18	5	41	10	323
Kalispell, 6,084—Flathead							
Kalispell General Hospital	Gen	Church	54	6	67	17	649
Lame Deer, 1,325—Rosebud							
Tongue River Agency Hospital	Gen	I A	47	5	92	17	472
Lewistown, 5,358—Fergus							
St. Joseph's Hospital[6]	Gen	Church	81	16	143	51	2,020
Libby, 1,752—Lincoln							
Libby General Hospital	Gen	Indiv	16	4	55	12	300
Livingston, 6,381—Park							
Park Hospital	Gen	Indiv	22	6	12	12	397
Miles City, 7,175—Custer							
Miles City Hospital[6]	Gen	Church	85	7	60	53	1,400
Missoula, 14,657—Missoula							
Northern Pacific Beneficial Association Hospital	Indus	NPAssn	75	..	..	33	1,422
St. Patrick's Hospital[6]	Gen	Church	102	12	188	70	2,340
Thornton Hospital	Gen	Part	38	12	114	21	1,124
Plentywood, 1,226—Sheridan							
Sheridan Memorial Hospital	Gen	NPAssn	18	5	41	10	410
Poplar, 1,646—Roosevelt							
Ft. Peck Indian School Hosp.	Gen	I A	25	7	85	26	972

MONTANA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Roundup, 2,577—Musselshell							
Musselshell Valley Hospital	Gen	Indiv	20	6	25	7	350
St. Ignatius, 375—Lake							
Holy Family Hospital	Gen	Church	28	6	95	13	805
Sidney, 2,976—Richland							
Sidney Deaconess Hospital	Gen	Church	25	6	111	16	683
Warmsprings, 116—Deerlodge							
Montana State Hospital	Ment	State	1,850	..	..	1,832	539
Related Institutions							
Billings, 16,380—Yellowstone							
Yellowstone County Hospital	Gen	County	14	3	35	10	197
Silver Bow County Hospital	Inst	County	150	3	..	134	...
Great Falls, 28,822—Cascade							
Detention Hospital	Iso	CyCo	35	..	No data supplied		
Helena, 11,803—Lewis and Clark							
Florence Crittenton Home	Mat	NPAssn	18	16	..	10	...
Lewis and Clark County Hosp.	Inst	County	32	1	..	25	...
Lewistown, 5,358—Fergus							
Fergus County Hospital	Gen	County	16	4	30	12	219
Livingston, 6,381—Park							
Robinson Hospital	Gen	Indiv	7	7	38	2	66
Malta, 1,342—Phillips							
Malta Hospital	Gen	Indiv	13	5	15	8	585
Polson, 1,453—Lake							
St. Joseph's Hospital	Gen	Church	25	10	No data supplied		
Red Lodge, 3,038—Carbon							
Mt. Maurice Hospital and Sanitarium	Gen	NPAssn	26	4	..	5	320
Scobey, 1,230—Daniels							
Scobey Clinic Hospital	Gen	Indiv	20	5	25	11	300
Twin Bridges, 671—Madison							
State Orphans' Home Hospital	Inst	State	27	3	..	3	280
White Sulphur Springs, 575—Meagher							
McKay Hospital	Gen	Indiv	12	2	15	9	135

Summary for Montana:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	44	4,894	3,539	43,706
Related institutions	13	606	248	1,926
Totals	57	5,500	3,787	47,632
Refused registration	6	106		

NEBRASKA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Ainsworth, 1,378—Brown							
Ainsworth Hospital	Gen	Indiv	35	5	78	9	419
Alliance, 6,669—Box Butte							
St. Joseph's Hospital[6]	Gen	Church	80	11	164	64	1,512
Arnold, 809—Custer							
Arnold Hospital	Gen	Indiv	15	3	5	4	167
Auburn, 3,605—Nemaha							
Auburn Hospital	Gen	Indiv	16	4	12	2	128
Aurora, 2,715—Hamilton							
Aurora Hospital	Gen	Indiv	16	9	30	7	210
Beatrice, 10,267—Gage							
Beatrice Sanitarium	Gen	Indiv	25	5	25	7	164
Lutheran Hospital	Gen	Church	65	11	117	17	638
Mennonite Deaconess Home and Hospital	Gen	Church	50	10	141	21	570
Broken Bow, 2,715—Custer							
Broken Bow Hospital	Gen	Indiv	35	4	..	7	...
Cambridge, 1,205—Furnas							
Republican Valley Hospital	Gen	Indiv	25	2	5	2	107
Chadron, 4,626—Dawes							
Chadron Municipal Hospital	Gen	City	23	7	19	7	216
Columbus, 6,896—Platte							
Lutheran Good Samaritan Hosp.	Gen	Church	29	4	59	18	639
St. Mary's Hospital	Gen	Church	135	12	130	55	1,359
David City, 2,333—Butler							
David City Hospital	Gen	NPAssn	13	3	28	4	240
Fairbury, 6,196—Jefferson							
Fairbury Hospital	Gen	Indiv	15	4	26	6	271
Taylor Hospital	Gen	Indiv	20	2	13	3	138
Falls City, 5,761—Richardson							
Falls City Hospital	Gen	Indiv	30	10	17	11	447
Ft. Crook, 719—Sarpy							
Station Hospital	Gen	Army	50	..	..	31	805
Genoa, 1,086—Nance							
Genoa Hospital	Gen	Indiv	10	4	18	2	112
Grand Island, 18,041—Hall							
St. Francis Hospital[6]	Gen	Church	135	10	180	52	1,751
Hartington, 1,505—Cedar							
St. John's Hospital	Gen	Indiv	16	..	..	2	127
Hastings, 15,689—Adams							
Mary Lanning Memorial Hospital[6]	Gen	NPAssn	85	15	204	53	2,024
Imperial, 946—Chase							
Imperial Community Hosp.	Gen	NPAssn	15	4	53	3	450
Ingleside, 20—Adams							
Hastings State Hospital[6]	Ment	State	1,500	..	..	1,510	213
Kearney, 8,575—Buffalo							
Good Samaritan Hospital	Gen	Church	60	10	87	21	940
Hospital for the Tuberculous	TB	State	100	..	..	156	186

Key to symbols and abbreviations is on page 788

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NEBRASKA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Lincoln, 75,963—Lancaster							
Bryan Memorial Hospital**	Gen	Church	100	14	243	62	1,851
Green Gables, Dr. Benj. F. Bailey Sanatorium	Gen	Corp	110	4	19	80	733
Lincoln General Hospital**	Gen	City	165	25	313	78	2,634
Lincoln State Hospital	Ment	State	1,222	..	..	1,223	229
Nebraska Orthopedic Hospital	Orth	State	110	..	..	93	147
St. Elizabeth's Hospital**	Gen	Church	175	25	250	104	4,046
Veterans Admin. Facility	Gen	Vet	197	..	..	182	1,184
Lynch, 488—Boyd							
Sacred Heart Hospital	Gen	Church	25	3	7	5	169
McCook, 6,468—Redwillow							
St. Catherine of Sienna Hosp.	Gen	Church	60	10	90	21	907
Minden, 1,716—Kearney							
Seeley Hospital	Gen	Indiv	20	8	36	6	210
Nebraska City, 7,259—Otoe							
St. Mary's Hospital	Gen	Church	35	10	200	24	1,282
Norfolk, 10,717—Madison							
Norfolk State Hospital	Ment	State	1,661	..	..	1,652	134
Our Lady of Lourdes Hosp.	Gen	Church	25	6	..	New	...
Vergeo Sanitarium	Gen	Indiv	30	3	..	8	...
Oakland, 1,433—Burt							
Oakland Community Hospital	Gen	Indiv	12	3	41	3	217
Omaha, 214,006—Douglas							
Bishop Clarkson Memorial Hospital**	Gen	Church	100	8	176	71	1,974
Creighton Memorial St. Joseph's Hospital**	Gen	Church	357	33	599	201	6,719
Douglas County Hospital**	Gen	County	400	12	174	381	3,619
Douglas County Psychiatric Hospital	Unit of Douglas County Hospital						
Evangelical Covenant Hosp.**	Gen	Church	113	12	228	47	2,236
Immanuel Deaconess Institute**	Gen	Church	122	24	445	97	3,567
Lord Lister Hospital	Gen	Indiv	100	12	180	58	2,400
Lutheran Hospital	Gen	Church	107	8	124	64	2,203
Lutheran Psychiatric Hospital	Unit of Lutheran Hospital						
Methodist Episcopal Hospital and Deaconess Home**	Gen	Church	176	24	414	90	3,295
St. Catherine's Hospital**	Gen	Church	150	25	350	100	3,580
Station Hospital	Gen	Army	10	..	..	3	163
University of Nebraska Hospital**	Gen	State	220	30	415	168	3,527
Ord, 2,226—Valley							
Ord Hospital	Gen	Indiv	15	2	10	5	247
Oxford, 1,115—Furnas							
Oxford General Hospital	Gen	Corp	14	5	16	6	239
Pawnee City, 1,573—Pawnee							
Pawnee Hospital	Gen	Indiv	26	4	59	7	612
Scottsbluff, 14,865—Scotts Bluff							
West Nebraska Methodist Episcopal Hospital	Gen	Church	60	10	141	38	1,440
Seward, 2,737—Seward							
Morrow and Clark Hospital	Gen	Part	20	5	23	8	288
Seward Hospital	Gen	Indiv	12	4	30	4	128
Sidney, 5,306—Cheyenne							
Taylor Hospital	Gen	Indiv	20	5	47	8	309
Stuart, 783—Holt							
Wilson Hospital	Gen	Indiv	20	3	35	12	446
Valentine, 1,672—Cherry							
Cherry County Hospital	Gen	Indiv	15	4	26	8	345
Wahoo, 2,680—Saunders							
Community Hospital	Gen	Indiv	20	6	73	12	446
Winnebago, 653—Thurston							
Winnebago Indian Hospital	Gen	I A	70	10	100	45	1,265
York, 5,712—York							
Lutheran Hospital	Gen	Church	50	10	63	18	655
York Clinic and Clinic Hosp.	Gen	Part	12	6	27	3	151
Related Institutions							
Atkinson, 1,144—Holt							
Atkinson General Hospital	Gen	Indiv	8	2	No data supplied		
Axtell, 328—Kearney							
Bethphage Inner Mission	MeDe	Church	150	..	..	146	10
Beatrice, 10,397—Gage							
Nebraska Institution for Feebleminded	MeDe	State	1,332	..	..	1,220	183
Bremer, 571—Cuming							
Bremer Hospital	Gen	Indiv	10	2	2	1	63
Dalton, 453—Cheyenne							
Pioneer Memorial Hospital	Gen	Indiv	10	3	18	2	135
Farnam, 394—Dawson							
Reeves Memorial Hospital	Gen	Indiv	12	2	48	4	480
Fremont, 11,407—Dodge							
Lutheran Good Samaritan Hospital	Gen	Church	30	6	80	17	800
Military Avenue Hospital	Gen	Indiv	22	6	60	10	532
Friend, 1,214—Saline							
Lutheran Good Samaritan Women Memorial Hospital	Gen	Church	14	4	..	4	...
Genoa, 1,089—Nance							
Emergency Hospital	Gen	Part	5	3	11	..	67
Grand Island, 18,041—Hall							
Nebraska Soldiers and Sailors Home—Pershing Hospital	Inst	State	100	..	..	73	...
Hastings, 15,480—Adams							
Dr. Egbert Hospital	Gen	Indiv	10	2	3	3	75
Hebron, 1,904—Thayer							
Blue Valley Hospital	Gen	Indiv	20	5	32	9	467
Hohlredge, 3,363—Phelps							
Hohlredge Hospital	Gen	Indiv	15	4	20	4	181
Kearney, 8,575—Buffalo							
State Industrial School for Boys	Inst	State	20	..	..	2	156

NEBRASKA—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Kimball, 1,711—Kimball							
Kimball Hospital	Gen	Indiv	12	5	20	5	266
Mockett and Evans Hospital	Gen	Part	9	4	32	4	177
Lexington, 2,962—Dawson							
City General Hospital	Gen	Indiv	10	3	67	2	128
Lincoln, 7,935—Lancaster							
Isolation Hospital	Iso	City	22	..	..	..	14
Nebraska State Penitentiary Hospital	Inst	State	20	..	..	8	291
Milford, 832—Seward							
Nebraska Industrial Home	Inst	State	12	11	35	2	59
Nebraska Soldiers and Sailors Home Hospital	Inst	State	48	..	..	35	40
Odell, 472—Gage							
Odell General Hospital	Gen	Indiv	9	3	20	6	195
Omaha, 214,006—Douglas							
Salvation Army Women's Home and Hospital	Mat	Church	80	15	96	25	109
Orchard, 595—Antelope							
Orchard Hospital	Gen	Indiv	7	3	3	1	80
Palmer, 598—Merrick							
Coolidge Hospital and Sanat.	Gen	NPAssn	10	2	2	3	40
Plainview, 1,216—Pierce							
Plainview General Hospital	Gen	NPAssn	8	4	..	3	...
Sutherland, 753—Lincoln							
Russell Hospital	Gen	Indiv	10	5	20	3	150
Sutton, 1,540—Clay							
Sutton Hospital	Gen	Indiv	12	2	9	2	95
Table Rock, 673—Pawnee							
McCrea Private Hospital	Gen	Indiv	7	2	11	1	18
Tecumseh, 1,829—Johnson							
Tecumseh Hospital	Gen	Indiv	12	3	19	4	169
Tekamah, 1,804—Burt							
Tekamah General Hospital	Gen	Indiv	12	3	37	2	185
Tilden, 1,106—Madison							
Tilden Hospital	Gen	Indiv	9	2	5	1	83
Walthill, 1,162—Thurston							
Dr. Picotte Memorial Hospital	Gen	Indiv	12	4	8	1	91
Westpoint, 2,225—Cuming							
St. Joseph Home for Aged and Hospital	InstGen	Church	16	2	28	5	280

Summary for Nebraska:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	65	8,172	6,436	66,451
Related institutions	38	2,177	1,638	6,545
Totals	103	10,349	8,074	72,996
Refused registration	18	457		

NEVADA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Boulder City, 5,000—Clark							
Six Companies, Inc. Hospital	Indus	NPAssn	60	..	..	23	717
East Ely, 1,507—White Pine							
Steptoe Valley Hospital	Gen	NPAssn	40	7	40	15	215
Elko, 3,217—Elko							
Elko General Hospital	Gen	County	48	6	62	15	481
Ely, 3,045—White Pine							
White Pine County and General Hospital	Gen	County	40	4	30	30	459
Las Vegas, 5,165—Clark							
Las Vegas Hospital	Gen	NPAssn	40	6	136	23	1,018
Reno, 18,529—Washoe							
Nevada State Hospital for Mental Diseases	Ment	State	400	..	..	388	146
St. Mary's Hospital	Gen	Church	52	12	151	46	1,505
Washoe General Hospital	Gen	County	174	14	198	154	2,080
Schurz, 75—Mineral							
Walker River Indian Hosp.	Gen	I A	28	3	23	19	377
Stewart, 412—Ormsby							
Carson Indian Hospital	Gen	I A	32	2	14	18	258
Tonopah, 4,144—Nye							
Tonopah Mines Hospital	Gen	NPAssn	20	3	40	11	561
Winnemucca, 1,989—Humboldt							
Humboldt County General Hospital	Gen	County	40	4	50	35	500
Related Institutions							
Austin, 1,000—Lander							
Lander County Hospital	Gen	County	10	1	1	2	23
Battle Mountain, 1,130—Lander							
Battle Mountain General Hosp.	Gen	County	10	3	10	..	45
Eureka, 952—Eureka							
Eureka County Hospital	Gen	County	10	..	..	6	12
Hawthorne, 338—Mineral							
Mineral County Hospital	Gen	County	14	..	6	5	75
Stewart, 412—Ormsby							
Carson Indian School Hospital	Inst	I A	39	..	..	11	369
Yerington, 1,005—Lyon							
Lyon County Hospital	Gen	County	16	..	1	14	72

Summary for Nevada:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	13	977	752	7,518
Related institutions	5	89	40	573
Totals	18	1,066	792	8,091
Refused registration	2	320		

Key to symbols and abbreviations is on page 788

NEW HAMPSHIRE

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Berlin, 20,018—Coos							
St. Louis Hospital*	Gen	Church	65	10	122	51	1,558
Claremont, 12,377—Sullivan							
Claremont General Hospital	Gen	NPAssn	50	11	104	29	847
Concord, 27,228—Merrimack							
Margaret Pillsbury General Hospital*	Gen	NPAssn	90	18	282	59	2,017
New Hampshire Memorial Hospital*	Gen	NPAssn	44	11	163	29	741
New Hampshire State Hosp.*	Ment	State	2,000	..	..	1,940	592
Dover, 13,573—Strafford							
Hayes Hospital	Gen	Corp	25	7	84	17	553
Wentworth Hospital*	Gen	City	60	15	144	40	1,242
Exeter, 4,672—Rockingham							
Exeter Hospital	Gen	NPAssn	60	12	161	31	922
Franklin, 6,576—Merrimack							
Franklin Hospital	Gen	NPAssn	35	7	47	19	421
Glenciff, 55—Grafton							
New Hampshire State Sanatorium for the Treatment of Tuberculosis	TB	State	100	..	..	90	39
Grasmere, 308—Hillsboro							
Hillsborough County General Hospital*	Gen	County	184	10	124	117	1,502
Hanover, 3,043—Grafton							
Mary Hitchcock Memorial Hospital*†	Gen	NPAssn	128	14	141	81	3,047
Keene, 12,794—Cheshire							
Elliot Community Hospital*	Gen	NPAssn	70	15	186	56	1,892
Laconia, 12,471—Belknap							
Laconia Hospital*	Gen	NPAssn	80	24	232	61	2,089
Lancaster, 2,887—Coos							
Lancaster Hospital	Gen	NPAssn	15	5	59	11	414
Littleton, 4,556—Grafton							
Littleton Hospital	Gen	NPAssn	55	8	74	16	543
Manchester, 76,834—Hillsboro							
Balch Hospital for Children	Chil	City	30	..	..	18	247
Christina H. Parker House	Maternity unit of Elliot Hospital						
Elliot Hospital*	Gen	NPAssn	116	32	335	67	3,640
Hosp. Notre-Dame de Lourdes*	Gen	Church	85	15	194	60	1,800
Lucy Hastings Hospital*	Gen	NPAssn	26	6	19	17	423
Our Lady of Perpetual Help Hospital	Mat	Church	22	16	304	10	311
Sacred Heart Hospital*	Gen	Church	60	6	33	70	2,037
Nashua, 31,463—Hillsboro							
Nashua Memorial Hospital*	Gen	NPAssn	77	16	185	54	1,616
St. Joseph's Hospital*	Gen	Church	87	17	190	66	2,279
New London, 812—Merrimack							
New London Hospital	Gen	NPAssn	11	4	40	4	157
Newport, 4,659—Sullivan							
Carrie F. Wright Memorial Hospital	Gen	NPAssn	20	5	70	..	431
North Conway, 125—Carroll							
Memorial Hospital	Gen	NPAssn	30	6	81	19	636
Pembroke, 30‡—Merrimack							
Pembroke Sanatorium	TB	Indiv	100	..	..	80	82
Peterboro, 2,521—Hillsboro							
Peterboro Hospital	Gen	NPAssn	19	6	82	15	586
Plymouth, 2,470—Grafton							
Emily Balch and Soldiers and Sailors Memorial Hospital	Gen	NPAssn	30	3	61	16	543
Portsmouth, 14,495—Rockingham							
Portsmouth Hospital	Gen	NPAssn	95	16	233	48	1,236
U. S. Naval Hospital	Gen	Navy	150	..	..	37	178
Rochester, 10,350—Strafford							
Frisbie Memorial Hospital	Gen	NPAssn	36	9	132	19	1,039
Whitefield, 1,603—Coos							
Morrison Hospital*	Gen	NPAssn	30	8	76	17	952
Wolfeboro, 2,358—Carroll							
Huggins Hospital	Gen	NPAssn	31	6	95	20	761
Woodsville, 1,275—Grafton							
Cottage Hospital*	Gen	NPAssn	28	8	85	13	760
Related Institutions							
Epping, 1,672—Rockingham							
Rockingham County Hospital	Gen	County	50	4	13	45	135
Exeter, 4,672—Rockingham							
Lamont Infirmary	Inst	NPAssn	53	..	..	19	911
Franconia, 514—Grafton							
The Johnsons	MeDe	Part	16	..	..	6	...
Haverhill, 3,665—Grafton							
Grafton County Hospital	InstGen	County	26	4	18	26	175
Laconia, 12,471—Belknap							
Laconia State School	MeDe	State	500	..	..	535	68
Lebanon, 7,073—Grafton							
Alice Peck Day Memorial Hosp.	Gen	NPAssn	9	4	61	5	302
Manchester, 76,834—Hillsboro							
Manchester Isolation Hospital	Iso	City	67	..	..	..	53
Portsmouth, 14,495—Rockingham							
Mark H. Wentworth Home for Chronic Invalids	Inc	NPAssn	43	..	..	42	12
Tilton, 1,713—Belknap							
New Hampshire Soldiers Home	Inst	State	30	..	..	7	48

Summary for New Hampshire:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	36	4,161	3,252	35,396
Related institutions	9	849	713	1,820
Totals	45	5,010	3,965	37,016
Refused registration	0			

NEW JERSEY

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Allenwood, 166—Monmouth							
Allenwood Sanatorium and Monmouth County Hospital for Tuberculosis	TB	County	100	..	..	101	130
Atlantic City, 66,198—Atlantic							
Atlantic City Hospital*†‡	Gen	NPAssn	240	56	850	194	6,084
Children's Seashore House at Atlantic City for Invalid Children	Orth	NPAssn	375	..	..	192	2,342
Bayonne, 88,979—Hudson							
Bayonne Hospital and Dispensary*†‡	Gen	NPAssn	170	30	379	159	4,014
Brinley Sanatorium	Gen	Indiv	16	6	33	3	161
Beach Haven, 715—Ocean							
Seashore Branch of Babies' Hospital	Unit of Babies' Hospital, Philadelphia						
Belle Mead, 51—Somerset							
Belle Mead Sanat. and Farm	N&M	Corp	65	..	..	40	106
Belleville, 28,974—Essex							
Essex County Hospital for Contagious Diseases*‡	Iso	County	550	..	..	190	3,552
Bernardsville, 2,338—Somerset							
Shannon Lodge	Gen	Corp	40	..	..	12	91
Boundbrook, 7,312—Somerset							
Boundbrook Hospital	Gen	Corp	30	10	30	18	737
Bridgeton, 15,699—Cumberland							
Bridgeton Hospital*	Gen	NPAssn	85	16	192	44	1,227
Browns Mills, 313—Burlington							
Deborah Sanatorium	TB	NPAssn	45	..	..	34	104
Camden, 118,700—Camden							
Cooper Hospital*‡	Gen	NPAssn	300	60	1,427	279	7,825
Marion Childs Hospital for Children	Unit of West Jersey Homeopathic Hosp.						
West Jersey Homeopathic Hospital*	Gen	NPAssn	297	30	876	158	5,010
Cedar Grove, 3,000—Essex							
Essex County Hospital*	Ment	County	2,425	..	..	2,346	523
Dover, 10,031—Morris							
Dover General Hospital	Gen	NPAssn	72	15	320	57	1,663
Dumont, 2,861—Bergen							
Dumont Private Hospital	Gen	Indiv	12	5	18	3	123
East Orange, 68,020—Essex							
Homeopathic Hospital of Essex County*‡	Gen	NPAssn	95	25	359	60	2,186
Elizabeth, 114,589—Union							
Alexian Brothers Hospital*	Gen	Church	160	..	..	113	1,891
Elizabeth General Hospital and Dispensary*‡	Gen	NPAssn	199	33	633	160	5,377
St. Elizabeth Hospital*‡	Gen	Church	308	44	671	170	5,769
Englewood, 17,505—Bergen							
Englewood Hospital*‡	Gen	NPAssn	196	42	787	169	5,273
Ft. Hancock, —Monmouth							
Station Hospital	Gen	Army	50	..	..	17	1,611
Franklin, 4,176—Sussex							
Franklin Hospital	Gen	NPAssn	26	6	50	13	411
Freehold, 6,804—Monmouth							
Freehold Hospital	Gen	Indiv	15	6	25	5	171
Glen Gardner, 554—Hunterdon							
New Jersey State Sanatorium*†	TB	State	473	..	..	462	468
Grenloch, 255—Camden							
Camden County General Hosp.	Gen	County	175	..	..	151	788
Camden County Hospital for Mental Diseases	Ment	County	750	..	..	618	193
Lakeland Sanatorium*	TB	County	255	..	..	235	343
Greystone Park, —Morris							
New Jersey State Hospital*‡	Ment	State	4,686	..	..	4,083	1,326
Hackensack, 24,568—Bergen							
Hackensack Hospital*‡	Gen	NPAssn	225	30	829	169	5,984
Hoboken, 59,261—Hudson							
St. Mary Hospital*‡	Gen	Church	450	30	992	241	4,547
Irvington, 56,733—Essex							
Irvington General Hospital	Gen	City	79	17	308	57	2,097
Jersey City, 316,715—Hudson							
Christ Hospital*‡	Gen	Church	188	18	374	142	3,978
Fairmount Hospital	Gen	NPAssn	68	12	125	17	772
Greenville Hospital*	Gen	NPAssn	60	16	288	47	1,720
Hilltop Sanitarium	Gen	Corp	19	10	18	..	250
Jersey City Hospital*‡	Gen	City	1,200	..	..	1,011	19,026
Margaret Hague Maternity Hospital*‡	Mat	County	272	264	5,706	185	6,144
St. Francis' Hospital*‡	Gen	Church	225	14	129	138	3,686
Kearny (Arlington P.O.), 40,716—Hudson							
West Hudson Hospital	Gen	NPAssn	56	15	132	37	1,954
Lakewood, 5,000—Ocean							
Paul Kimball Hospital	Gen	NPAssn	65	10	158	37	1,278
Long Branch, 18,380—Monmouth							
Dr. E. C. Hazard Hospital	Gen	NPAssn	95	30	231	75	2,509
Monmouth Memorial Hosp.*‡	Gen	NPAssn	177	30	547	136	4,305
Lyons, —Somerset							
Veterans Admin. Facility	Ment	Vet	895	..	..	880	277
Marlboro, 410—Monmouth							
New Jersey State Hospital	Ment	State	1,800	..	..	1,635	404
Midland Park, 3,638—Bergen							
Christian Sanatorium	N&M	NPAssn	120	..	No data supplied		
Millville, 14,705—Cumberland							
Millville Hospital	Gen	NPAssn	39	6	98	21	663
Montclair, 42,017—Essex							
Montclair Community Hosp.	Gen	NPAssn	61	15	211	32	1,271
Mountainside Hospital*‡	Gen	NPAssn	204	56	617	109	5,152
St. Vincent's Hospital	Gen	Church	46	12	197	12	1,001
Morristown, 15,197—Morris							
All Souls Hospital*‡	Gen	Church	134	32	383	78	2,146
Morristown Memorial Hosp.*‡	Gen	NPAssn	140	30	218	86	2,504
Shongham Mountain Sanat.	TB	County	52	..	..	52	48

Key to symbols and abbreviations is on page 798

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NEW JERSEY—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Mt. Holly, 5,702—Burlington							
Burlington County Hospital*◇◇	Gen	NPAssn	123	18	371	94	2,366
Neptune, 5,258—Monmouth							
Pitkin Memorial Hospital*◇...	Gen	NPAssn	146	27	407	112	3,466
Newark, 442,337—Essex							
Babies' Hospital-Colt Memorial◇	Chil	NPAssn	60	..	..	32	1,077
Community Hospital (col.)...	Gen	NPAssn	26	4	22	7	108
Hospital and Home for Crippled Children◇	Orth	NPAssn	110	..	..	75	347
Hospital of St. Barnabas and for Women and Children*◇..	Gen	Church	218	46	779	180	5,443
Lincoln Hospital	Gen	Corp	30	12	150	7	704
Newark Beth Israel Hosp.*◇◇..	Gen	NPAssn	353	70	1,292	345	6,687
Newark City Hospital*◇◇...	Gen	City	640	60	1,570	618	15,522
Newark Eye and Ear Infirmary◇	ENT	NPAssn	60	..	..	42	2,503
Newark Memorial Hospital*◇..	Gen	NPAssn	131	30	412	76	2,698
Presbyterian Hospital◇◇	Gen	NPAssn	214	52	761	151	4,326
St. James Hospital*◇◇.....	Gen	Church	167	18	389	99	2,458
St. Michael's Hospital*.....	Gen	Church	300	17	182	184	5,071
New Brunswick, 34,555—Middlesex							
Middlesex General Hospital*...	Gen	NPAssn	92	18	198	59	1,777
St. Peter's General Hospital*◇◇	Gen	Church	179	33	524	167	3,565
New Lisbon, 131—Burlington							
Fairview Sanatorium	TB	County	121	..	..	109	144
Newton, 5,401—Sussex							
Newton Memorial Hospital....	Gen	NPAssn	43	7	57	18	619
Northfield, 2,804—Atlantic							
Atlantic County Hospital for Mental Diseases	Ment	County	400	..	..	312	153
Atlantic County Hospital for Tuberculous Diseases	TB	County	50	..	..	68	73
Oceanport, 1,872—Monmouth							
Station Hospital	Gen	Army	56	2	24	20	720
Orange, 35,268—Essex							
New Jersey Orthopaedic Hospital and Dispensary◇	Orth	NPAssn	36	..	..	29	235
Orange Memorial Hospital*◇◇..	Gen	NPAssn	325	75	1,021	224	6,863
St. Mary's Hospital*.....	Gen	Church	108	42	553	97	2,435
Passaic, 62,959—Passaic							
Beth Israel Hospital.....	Gen	NPAssn	80	16	198	29	1,122
Passaic General Hospital*◇...	Gen	NPAssn	200	25	691	121	3,388
St. Mary's Hospital*◇.....	Gen	Church	164	36	654	135	3,972
Paterson, 138,513—Passaic							
Nathan and Miriam Barnert Memorial Hospital*◇◇	Gen	NPAssn	183	16	419	105	2,988
Paterson General Hospital*◇..	Gen	NPAssn	292	44	777	177	5,716
St. Joseph's Hospital*◇◇.....	Gen	Church	418	40	767	230	5,907
Valley View Sanatorium.....	TB	County	225	..	..	219	261
Perth Amboy, 41,656—Middlesex							
Perth Amboy General Hosp.◇.	Gen	NPAssn	136	18	471	122	3,716
Phillipsburg, 19,255—Warren							
Warren Hospital	Gen	NPAssn	65	10	143	37	1,275
Plainfield, 34,422—Union							
Muhlenberg Hospital*◇	Gen	NPAssn	240	35	764	188	5,621
Point Pleasant, 2,858—Ocean							
Point Pleasant Hospital.....	Gen	NPAssn	24	4	69	14	509
Princeton, 6,302—Mercer							
Princeton Hospital	Gen	NPAssn	56	13	119	24	1,008
Rahway, 16,611—Union							
Rahway Memorial Hospital....	Gen	NPAssn	100	20	241	46	1,476
Red Bank, 11,422—Monmouth							
Riverview Hospital	Gen	NPAssn	28	10	138	16	506
Ridgewood, 12,138—Bergen							
"Bergen Pines" Bergen County Hospital	Tbls	County	400	..	..	272	670
Riverside, 4,010—Burlington							
Riverbrook Memorial Hospital..	Gen	NPAssn	40	10	22	17	297
Salem, 6,457—Salem							
Salem County Memorial Hosp.	Gen	NPAssn	35	9	201	30	1,103
Scotch Plains, 1,010—Union							
Bonnie Burn Sanatorium.....	TB	County	400	..	..	366	324
Secaucus, 8,959—Hudson							
Hudson County Contagious Disease Hospital	Iso	County	176	..	..	21	805
Hudson County Hospital.....	Gen	County	302	..	..	224	602
Hudson County Hospital for Mental Diseases	Ment	County	1,467	..	..	1,363	312
Hudson County Tuberculosis Hospital and Sanatorium◇...	TB	County	207	..	..	215	605
Skillman, 23—Somerset							
New Jersey State Village for Epileptics	Epil	State	1,353	..	..	1,366	239
Somers Point, 2,673—Atlantic							
Atlantic Shores Hospital.....	Gen	NPAssn	65	9	91	24	826
Somerville, 8,255—Somerset							
Somerset Hospital◇	Gen	NPAssn	74	12	387	57	3,088
South Amboy, 8,476—Middlesex							
South Amboy Memorial Hosp.	Gen	NPAssn	35	6	36	18	525
Summit, 14,556—Union							
Fair Oaks Sanatorium.....	Nerv	Corp	42	..	..	39	128
Overlook Hospital◇	Gen	NPAssn	117	31	310	68	1,852
Sussex, 1,415—Sussex							
Alexander Linn Hospital.....	Gen	City	22	5	36	7	251
Teaneck, 3,360—Bergen							
Holy Name Hospital*◇◇.....	Gen	Church	179	41	571	125	3,153
Trenton, 123,356—Mercer							
Charles Private Hospital.....	Gen	Corp	30	10	15	25	480
Mercer Hospital*◇	Gen	NPAssn	213	37	604	127	4,494
New Jersey State Hospital....	Ment	State	2,725	..	..	2,704	860
Orthopaedic Hospital and Dispensary	Orth	NPAssn	50	..	..	26	226
St. Francis Hospital*◇◇.....	Gen	Church	278	30	548	195	4,885

NEW JERSEY—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Trenton Municipal Hospital◇..	Tbls	City	366	30	2	260	530
William McKinley Memorial Hospital*◇	Gen	NPAssn	116	30	345	90	2,841
Union City, 58,659—Hudson							
Union City General Hospital..	Gen	Corp	30	15	43	6	283
Verona, 7,161—Essex							
Essex Mountain Sanatorium...	TB	County	420	..	..	414	432
Vineland, 7,556—Cumberland							
Newcomb Hospital	Gen	NPAssn	85	15	No data supplied		
Weehawken (Union City P.O.), 14,807—Hudson							
North Hudson Hospital◇.....	Gen	NPAssn	171	20	132	100	3,022
Woodbury, 8,172—Gloucester							
Brewer Hospital	Gen	Indiv	10	5	28	6	213
Underwood Hospital	Gen	Corp	42	21	249	30	1,650
Related Institutions							
Atlantic City, 66,198—Atlantic							
Dr. Leonard's Private Sanit..	Drug	Indiv	25	..	..	20	134
Municipal Hospital	Iso	City	35	17	..	6	98
Bridgeton, 15,629—Cumberland							
Cumberland County Hospital for Insane	Ment	County	219	..	..	206	60
Browns Mills, 313—Burlington							
Browns Mills Nursing Cottage	TB	Corp	52	..	..	45	42
Mrs. Leonard's Manor Nursing Cottage	TB	Indiv	32	..	..	25	16
Sycamore Hall Sanatorium....	TB	Indiv	96	..	..	74	24
Burlington, 10,844—Burlington							
Masonic Home	Inst	Frat	35	..	..	30	370
Caldwell, 5,144—Essex							
Theresa Grotta Home for Convalescents	Conv	NPAssn	40	..	..	25	302
Camden, 118,700—Camden							
Municipal Hospital for Contagious Diseases	Iso	City	100	..	..	25	379
Chatsworth, 902—Burlington							
The Pines Sanatorium.....	TB	Indiv	30	..	..	4	6
Farmingdale, 699—Monmouth							
Tuberculosis Preventorium for Children	TB	NPAssn	247	..	..	175	624
Haddonfield, 9,857—Camden							
Bancroft School	MeDe	NPAssn	105	..	..	98	99
Jamesburg, 3,048—Middlesex							
New Jersey State Home for Boys	Inst	State	29	..	..	30	1,327
Jersey City, 316,715—Hudson							
Salvation Army Door of Hope Home and Hospital.....	Mat	Church	8	8	52	6	61
Lakewood, 5,000—Ocean							
Lakewood Sanatorium	N&M	Indiv	14	..	..	10	5
Longport, 228—Atlantic							
Betty Bacharach Home for Afflicted Children	Orth	Frat	115	..	..	52	61
Menlo Park, 335—Middlesex							
New Jersey Home for Disabled Soldiers	Inst	State	100	..	..	74	146
Morristown, 15,197—Morris							
Aurora Institute	Conv	Corp	90	..	..	40	536
Newark, 442,337—Essex							
Florence Crittenton Home....	Mat	NPAssn	70	15	..	18	49
Newark City Almshouse.....	Inst	City	40	..	..	40	248
Newark Convalescent Hospital	Conv	City	153	..	..	151	...
New Brunswick, 34,555—Middlesex							
Rutgers Infirmary	Inst	NPAssn	12	..	..	..	88
Newfoundland, 384—Morris							
Idylease Sanatorium	TB	Corp	60	..	..	51	40
New Lisbon, 131—Burlington							
Burlington County Hospital for Insane	Ment	County	288	..	..	261	75
State Colony for Feebleminded Males	MeDe	State	768	..	..	768	132
Northfield, 2,804—Atlantic							
Atlantic County General Hosp.	Inst	County	125	..	..	80	45
Ocean Grove, 3,856—Monmouth							
Methodist Episcopal Home for Aged	Inst	Church	17	..	..	15	43
Passaic, 62,959—Passaic							
Passaic Municipal Hospital...	Iso	City	25	2	..	3	69
Paterson, 138,513—Passaic							
Paterson City Hospital.....	Tbls	City	110	5	..	85	287
Princeton, 6,302—Mercer							
Isabella McCosh Infirmary of Princeton University	Inst	NPAssn	30	..	..	17	1,488
Rahway, 16,611—Union							
New Jersey Reformatory Hosp.	Inst	State	16	..	..	5	292
Roseland, 1,036—Essex							
Mountain View Rest.....	N&M	Corp	22	..	..	20	71
Sea Isle City, 870—Cape May							
Sea Isle Hospital and Training School	N&M	Corp	20	2	No data supplied		
Totowa (Little Falls P.O.), 4,666—Passaic							
State Training School.....	MeDe	State	608	..	..	585	...
Trenton, 123,356—Mercer							
New Jersey State Prison Hosp.	Inst	State	42	..	..	26	558
State Home for Girls.....	Inst	State	70	3	21	32	544
Upper Montclair,—Essex							
Montclair Sanitarium	Gen	Part	10	..	..	7	54
Vineland, 7,556—Cumberland							
Maplehurst School	MeDe	Indiv	17	..	..	16	16
New Jersey Memorial Home for Disabled Soldiers, Sailors, Marines and Their Wives and Widows	Inst	State	65	..	..	38	544
Training School at Vineland..	MeDe	NPAssn	535	..	..	515	65
Vineland State School.....	MeDe	State	1,429	..	..	1,317	92

Key to symbols and abbreviations is on page 786

NEW JERSEY—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
West Englewood, 2,307—Bergen							
Englewood Sanitarium (Lynwood Lodge)	N&M	Corp	40	..	..	15	17
Woodbine, 5,164—Cape May							
Woodbine Colony for Feebleminded Males	MeDe	State	608	..	..	608	105

Summary for New Jersey:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	123	34,471	28,560	250,818
Related institutions	44	6,583	5,495	9,439
Totals	167	41,054	34,055	260,257
Refused registration	9	177		

NEW MEXICO

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Albuquerque, 26,570—Bernalillo							
Albuquerque Indian Sanatorium	TB	I A	100	..	..	80	281
A. T. & S. F. Hospital	Indus	NPAssn	67	..	..	27	321
Children's Home and Hospital	Orth	NPAssn	30	10	..	10	105
Methodist Sanatorium	TB	Church	65	..	..	49	93
St. Joseph Sanatorium and Hospital◊	G&TB	Church	196	12	304	112	2,519
Southwestern Presbyterian Sanatorium	G&TB	Church	140	12	223	87	1,770
U. S. Indian School Hospital	Gen	I A	77	8	36	46	1,141
Veterans Admin. Facility	G&TB	Vet	239	..	..	237	1,464
Black Rock (Rural P.O.), —McKinley							
Zuni Sanatorium	Gen	I A	17	2	6	8	315
Carlsbad, 3,708—Eddy							
St. Francis Hospital	Gen	Church	35	5	95	..	848
Clayton, 2,518—Union							
St. Joseph Hospital	Gen	Church	25	5	25	7	382
Clovis, 8,027—Curry							
A. T. & S. F. Hospital	Indus	NPAssn	32	..	..	13	257
Baptist Hospital	Gen	Church	25	4	10	8	440
Crownpoint, 52—McKinley							
Eastern Navajo Agency Hosp.	Gen	I A	32	4	28	21	583
Dawson, 2,602—Colfax							
Phelps Dodge Corporation Hospital	Gen	Corp	30	4	36	6	181
Deming, 5,377—Luna							
Deming Ladies' Hospital	Gen	NPAssn	24	3	12	4	237
Holy Cross Sanatorium	TB	Church	183	..	..	57	55
Dulce, 101—Rio Arriba							
Jicarilla Agency Hospital	Gen	I A	19	5	9	16	149
Farmington, 1,350—San Juan							
San Juan Episcopal Indian Mission Hospital	Gen	Church	16	2	4	7	132
San Juan Hospital	Gen	NPAssn	18	4	14	6	340
Ft. Bayard, 500—Grant							
Veterans Admin. Facility	G&TB	Vet	450	..	..	216	816
Ft. Stanton, 218—Lincoln							
U. S. Marine Hospital◊	TB	USPHS	270	..	..	204	116
Ft. Wingate, 14—McKinley							
Charles H. Burke Hospital	Gen	I A	35	4	5	11	440
Gallup, 5,862—McKinley							
St. Mary's Hospital	Gen	Church	65	7	60	29	2,691
Gardiner, 1,000—Colfax							
Gardiner Hospital	Indus	NPAssn	40	..	..	11	109
Las Vegas, 4,719—San Miguel							
Las Vegas Hospital (Carpenter Memorial)	Gen	NPAssn	20	4	27	11	510
New Mexico State Hospital	Ment	State	667	..	..	717	203
St. Anthony's Sanitarium and Hospital	G&TB	Church	46	4	19	18	280
Mescalero, 175—Otero							
Mescalero Indian Hospital	Gen	I A	31	4	25	14	860
Raton, 6,080—Colfax							
New Mexico Miners Hospital	Gen	State	46	5	33	10	427
Rehoboth, 170—McKinley							
Rehoboth Mission Hospital	Gen	Church	35	7	80	30	525
Roswell, 11,173—Chaves							
St. Mary's Hospital	Gen	Church	60	8	161	29	864
Santa Fe, 11,176—Santa Fe							
St. Vincent's Sanatorium and Hospital◊	G&TB	Church	85	9	161	37	1,020
Sunmount Sanatorium	TB	Corp	50	..	..	21	34
U. S. Indian Hospital	Gen	I A	70	8	24	40	973
Santa Rita, 1,856—Grant							
Nevada Consolidated Copper Company Hospital	Gen	NPAssn	50	8	65	8	201
Shiprock, 161—San Juan							
Northern Navajo Hospital	Gen	I A	46	4	35	46	1,455
Silver City, 5,519—Grant							
Grant County Hospital	Gen	NPAssn	24	5	47	9	536
Toadlena, 27—San Juan							
Toadlena Hospital	Gen	I A	14	2	..	19	365
Valmora,—Mora							
Valmora Sanatorium	TB	NPAssn	75	1	3	35	58
Related Institutions							
Alamogordo, 3,696—Otero							
Rousseau Hospital	Gen	Part	9	1	..	5	...
Dixon, 301—Rio Arriba							
Brooklyn Cottage Hospital	Gen	Church	10	4	58	5	236

NEW MEXICO—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Duke, 101—Rio Arriba							
Jicarilla Sanatorium	TB	I A	56	..	..	54	83
Hobbs, 326—Lea							
Hobbs General Hospital	Gen	Indiv	10	3	15	6	255
Lordsburg, 2,089—Hidalgo							
De Moss Hospital	Gen	Indiv	13	?	No data supplied		
Lordsburg Hospital	Gen	Corp	14	3	23	7	409
Los Lunas, 513—Valencia							
New Mexico Home and Training School for Mental Defectives	MeDe	State	73	..	..	67	5
Santa Fe, 11,176—Santa Fe							
New Mexico Penitentiary Hosp.	Inst	State	50	..	..	39	131
Springer, 957—Colfax							
Springer Hospital	Gen	Indiv	10	3	18	2	76
Taos, 1,225—Taos							
Taos Indian Hospital	Gen	I A	10	3	..	5	170
Tohatchi, 2,000—McKinley							
Tohatchi General Hospital	Gen	I A	20	4	18	22	751

Summary for New Mexico:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	49	3,582	2,309	23,185
Related institutions	10	272	189	2,222
Totals	59	3,854	2,498	25,407
Refused registration	1	5		

NEW YORK

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Albany, 127,412—Albany							
Albany Hospital◊◊	Gen	NPAssn	555	60	670	475	10,407
Anthony N. Brady Maternity Hospital◊	Mat	Church	56	60	1,109	45	1,214
Child's Hospital	Chil	Church	65	..	..	47	674
Memorial Hospital◊◊	Gen	NPAssn	120	16	276	91	2,985
St. Peter's Hospital◊◊	Gen	Church	150	..	..	109	2,779
Albion, 4,078—Orleans							
Arnold Gregory Memorial Hosp.	Gen	NPAssn	23	11	76	11	394
Amityville, 4,457—Suffolk							
Brunswick General Hospital	Gen	Corp	100	16	228	69	1,702
Long Island Home	N&M	Corp	206	..	..	129	79
Louden-Knickerbocker Hall	N&M	Part	150	..	..	130	264
Reed General Hospital	Gen	Indiv	18	3	14	10	276
Amsterdam, 34,817—Montgomery							
Amsterdam City Hospital◊	Gen	NPAssn	71	15	202	45	1,430
Montgomery Sanatorium	TB	County	72	..	..	62	113
St. Mary's Hospital◊	Gen	Church	100	17	245	71	1,722
Auburn, 36,652—Cayuga							
Auburn City Hospital◊	Gen	NPAssn	133	22	356	84	3,266
Mercy Hospital	Gen	Church	80	14	156	32	943
Ballston Spa, 4,791—Saratoga							
Benedict Memorial Hospital	Gen	NPAssn	16	6	81	12	340
Batavia, 17,375—Genesee							
St. Jerome's Hospital	Gen	Church	54	12	192	45	1,422
Veterans Admin. Facility	Gen	Vet	250	..	..	252	1,407
Woman's Hospital	Gen	NPAssn	42	15	165	31	1,251
Bath, 4,015—Steuben							
Bath Hospital	Gen	Part	40	..	94	32	1,179
Pleasant Valley Sanatorium	TB	County	45	..	..	35	63
Veterans Admin. Facility	Gen	Vet	305	..	..	257	1,815
Bay Shore, 4,000—Suffolk							
Southside Hospital	Gen	NPAssn	78	26	317	37	1,442
Beacon, 11,923—Dutchess							
Craig House	N&M	Corp	77	..	..	51	59
Highland Hospital	Gen	Corp	44	10	160	27	864
Matteawan State Hospital	Ment	State	1,320	..	..	1,289	137
Bedford Hills, 1,000—Westchester							
MontеBore Hospital Country Sanatorium◊	TB	NPAssn	230	..	..	219	233
Binghamton, 76,662—Broome							
Binghamton City Hospital◊	Gen	City	460	40	865	301	8,460
Binghamton State Hospital◊◊	Ment	State	2,974	..	..	3,624	514
Brentwood, 334—Suffolk							
Pilgrim State Hospital	Ment	State	7,722	..	..	5,826	794
Ross Sanitarium	Gen	Indiv	35	2	14	18	166
Bronxville, 6,387—Westchester							
Lawrence Hospital	Gen	Corp	80	18	280	59	1,842
Brooklyn, 2,560,401—Kings							
Adelphi Hospital	Gen	Indiv	77	16	287	42	1,581
Day Ridge Hospital	Gen	Corp	75	25	460	55	1,764
Bedford Maternity	Mat	Corp	30	30	No data supplied		
Bensonhurst Maternity Hosp.	Mat	Corp	24	24	427	12	435
Bethany Deaconess Hospital	Gen	Church	85	20	240	41	1,284
Beth-El Hospital◊	Gen	NPAssn	190	60	1,415	156	4,662
Beth Moses Hospital◊	Gen	NPAssn	194	30	712	144	4,122
Boro Park General Hospital	Gen	Indiv	82	30	687	30	1,288
Brooklyn Eye and Ear Hosp.	ENT	NPAssn	143	..	..	78	9,695
Brooklyn Home for Consumptives	TB	NPAssn	113	..	..	109	102
Brooklyn Hospital◊◊	Gen	NPAssn	300	60	1,043	230	7,505
Brooklyn State Hospital◊◊	Ment	State	1,300	..	..	1,267	2,550
Brooklyn Women's Hospital	Mat	NPAssn	50	48	1,096	33	1,329
Bushwick Hospital◊◊	Gen	NPAssn	165	32	541	80	2,441
Caledonian Hospital◊	Gen	NPAssn	160	30	249	40	1,177
Carson C. Peck Memorial Hosp.	Gen	NPAssn	80	31	698	58	1,965
Coney Island Hospital◊	Gen	City	276	30	1,178	287	9,287
Crown Heights Hospital	Gen	Corp	115	28	616	117	3,057

Key to symbols and abbreviations is on page 700

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NEW YORK—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Cumberland Hospital*♦○	Gen	City	284	34	933	291	7,096
Evangelical Deaconess Hospital	Gen	Church	65	20	186	35	1,007
Greenpoint Hospital*	Gen	City	270	50	1,446	197	5,750
Harbor Hospital	Gen	NPAssn	53	8	69	32	1,136
Hospital of the Holy Family	Gen	Church	63	..	..	57	1,303
House of St. Giles the Cripple	Orth	Church	46	..	..	32	100
Israel-Zion Hospital*	Gen	NPAssn	330	100	2,708	273	8,494
Jewish Hospital*♦○	Gen	NPAssn	541	127	1,969	377	12,845
Kings County Hospital*♦○	Gen	City	3,040	120	2,877	2,879	52,318
Kingston Avenue Hospital♦	Iso	City	510	..	..	401	5,938
Kingsway Hospital	Gen	Indiv	22	5	157	9	320
Liberty Hospital	Gen	Corp	33	24	523	22	718
Long Island College Hosp.*♦○	Gen	NPAssn	428	47	1,114	349	8,701
Lutheran Hospital	Gen	Church	90	21	489	53	3,150
Madison Park Hospital	Gen	Corp	74	24	925	57	2,068
Methodist Episcopal Hosp.*♦○	Gen	Church	320	80	1,723	317	9,740
Midwood Hospital	Gen	Corp	58	27	447	33	1,344
Norwegian Lutheran Deaconesses' Home and Hosp.*♦○	Gen	Church	161	37	846	141	4,419
Prospect Heights Hospital○	Gen	NPAssn	134	41	546	48	1,831
Riverdale Hospital	Gen	Indiv	50	36	338	10	641
St. Catherine's Hospital*○	Gen	Church	249	56	1,122	206	5,284
St. Cecilia Hospital for Women	Mat	Church	56	50	428	17	644
St. Charles Hospital Orthopedic Clinic	Orth	Church	55	..	..	51	187
St. John's Hospital*○	Gen	Church	204	30	723	180	4,839
St. Mary's Hospital*○	Gen	Church	257	66	979	173	4,209
St. Peter's Hospital*	Gen	Church	206	14	193	125	2,607
Samaritan Hospital	Gen	Church	33	12	230	23	1,298
Samaritan Hospital, Skene Division	Gen	Church	60	15	258	27	1,019
Shore Road Hospital	Gen	Corp	50	18	..	..	...
Station Hospital	Gen	Army	55	..	..	20	594
Swedish Hospital	Gen	NPAssn	64	16	228	50	1,661
Trinity Hospital*	Gen	NPAssn	110	15	189	106	2,944
U. S. Naval Hospital	Gen	Navy	848	..	..	180	1,425
Unity Hospital	Gen	NPAssn	176	31	688	142	4,710
Victory Memorial Hospital	Gen	NPAssn	56	13	392	30	1,309
Dr. Wade's Private Hospital	Gen	Indiv	50	24	39	10	229
Williamsburgh Maternity Hosp.	Mat	Corp	75	62	..	29	...
Wyckoff Heights Hospital*○	Gen	NPAssn	170	30	523	161	4,823
Buffalo 573,076—Erie							
Buffalo City Hospital*♦○	Gen	CyCo	1,025	38	672	967	10,668
Buffalo Columbus Hospital	Gen	NPAssn	120	12	90	88	2,553
Buffalo General Hospital*♦○	Gen	NPAssn	439	28	651	343	10,088
Buffalo Hospital of the Sisters of Charity*	Gen	Church	220	21	311	150	4,117
Buffalo State Hospital♦○	Ment	State	2,697	..	..	2,535	630
Central Park Clinic	Gen	Corp	64	15	256	36	2,339
Children's Hospital♦○	MatCh	NPAssn	211	39	510	148	4,295
Deaconess Hospital*○	Gen	NPAssn	190	35	1,012	187	5,842
Emergency Hospital of the Sisters of Charity*	Gen	Church	106	..	..	92	2,758
Lafayette General Hospital	Gen	NPAssn	62	13	206	39	1,123
Memorial Hospital	Gen	NPAssn	55	10	200	39	1,140
Mercy Hospital*○	Gen	Church	166	34	862	160	3,972
Millard Fillmore Hospital*♦○	Gen	NPAssn	236	73	1,310	205	5,738
Providence Retreat	N&M	Church	200	..	..	164	344
St. Mary's Infant Asylum and Maternity Hospital	MatCh	Church	52	52	981	48	1,101
State Institute for the Study of Malignant Disease	SkCa	State	30	..	..	28	2,291
U. S. Marine Hospital	Gen	USPHS	75	..	..	53	677
Callicoon, 680—Sullivan							
Callicoon Hospital	Gen	Indiv	12	4	58	5	210
Cambridge, 1,762—Washington							
Mary McClellan Hospital○	Gen	NPAssn	97	15	90	67	975
Canandaigua, 7,541—Ontario							
Brigham Hall Hospital	N&M	Corp	70	..	..	49	64
Frederick Ferris Thompson Hospital	Gen	Corp	103	17	272	71	1,652
Veterans Admin. Facility	Ment	Vet	468	..	..	488	104
Canastota, 4,235—Madison							
Canastota Memorial Hospital	Gen	City	21	6	46	12	378
Cassadaga, 480—Chautauqua							
Newton Memorial Hospital	TB	County	180	..	..	171	115
Castle Point, 23—Dutchess							
Veterans Admin. Facility	TB	Vet	479	..	..	458	505
Catskill, 5,082—Greene							
Memorial Hospital of Greene County	Gen	County	30	8	96	32	982
Central Islip, 675—Suffolk							
Central Islip State Hospital○	Ment	State	7,240	..	..	6,719	1,544
Central Valley, 850—Orange							
Falkirk in the Ramapos	Ment	Corp	40	..	..	30	8
Chenango Bridge, 260—Broome							
Broome County Tuberculosis Hospital	TB	County	120	..	..	102	94
Clifton Springs, 1,819—Ontario							
Clifton Springs Sanitarium and Clinic♦	Gen	NPAssn	475	..	37	135	2,215
Cohoes, 23,226—Albany							
Cohoes Hospital○	Gen	NPAssn	59	10	141	30	982
Cold Spring, 1,784—Putnam							
Julia L. Butterfield Memorial Hospital	Gen	NPAssn	23	6	50	12	442
Cooperstown, 2,090—Otsego							
Mary Imogene Bassett Hosp.	Gen	NPAssn	71	8	121	442	1,337
Corning, 15,777—Steuben							
Corning Hospital	Gen	NPAssn	85	25	284	46	1,992
Cornwall, 1,910—Orange							
Cornwall Hospital	Gen	NPAssn	60	11	159	28	922
Cortland, 15,043—Cortland							
Cortland County Hospital○	Gen	NPAssn	114	21	376	57	2,646

NEW YORK—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Cuba, 1,422—Allegany							
Cuba Memorial Hospital	Gen	NPAssn	16	6	31	6	297
Dannemora, 3,348—Clinton							
Dannemora State Hospital	Ment	State	970	..	..	878	111
Dansville, 4,928—Livingston							
Dansville General Hospital	Gen	NPAssn	22	3	72	21	525
Delhi, 1,840—Delaware							
Delaware County Tuberculosis Sanatorium	TB	County	32	..	..	28	35
Dobbs Ferry, 5,741—Westchester							
Dobbs Ferry Hospital	Gen	NPAssn	41	10	86	20	536
Dunkirk, 17,802—Chautauqua							
Brooks Memorial Hospital	Gen	NPAssn	50	10	137	23	1,206
Elizabethtown, 636—Essex							
Elizabeth Community House Hospital	Gen	NPAssn	11	4	30	4	163
Ellenville, 3,280—Ulster							
Veterans Memorial Hospital	Gen	NPAssn	14	5	69	9	280
Elmira, 47,397—Chemung							
Arnot-Ogden Memorial Hospital*♦○	Gen	NPAssn	183	30	488	135	4,857
Chemung County Sanatorium	TB	County	36	..	..	35	44
St. Joseph's Hospital*○	Gen	Church	190	27	463	151	4,200
Endicott, 16,231—Broome							
Ideal Hospital*	Gen	City	116	30	519	93	2,802
Farmingdale, 3,373—Nassau							
Nassau County Sanatorium	TB	County	385	..	..	364	638
Far Rockaway,—Queens							
Natalie and Louis Heinsheimer Memorial	Unit of Hospital for Joint Diseases, N.Y.C.						
St. Joseph Hospital	Gen	Church	90	22	355	72	2,801
Fillmore, 488—Allegany							
Genesee Country Memorial Hospital	Gen	NPAssn	16	4	59	6	251
Fishers Island, 324—Suffolk							
Station Hospital	Gen	Army	90	..	..	45	780
Flushing,—Queens							
Flushing Hospital and Dispensary*○	Gen	NPAssn	180	78	1,578	198	6,601
Parsons Sanitarium	Gen	Corp	40	12	220	35	1,440
Station Hospital	Gen	Army	85	4	21	50	918
Ft. Niagara (Youngstown P.O.),—Niagara							
Station Hospital	Gen	Army	50	2	10	25	563
Ft. Slocum,—Westchester							
Station Hospital	Gen	Army	155	..	2	49	1,452
Ft. Wadsworth (Staten Island P.O.)—Richmond							
Station Hospital	Gen	Army	26	..	..	8	347
Fulton, 12,462—Oswego							
Albert Lindley Lee Memorial Hospital	Gen	City	36	11	214	20	1,100
Gabriels, 200—Franklin							
Sanatorium Gabriels	TB	Church	130	..	..	77	66
Geneva, 16,053—Ontario							
Geneva General Hospital	Gen	NPAssn	73	20	195	46	1,626
Glen Cove, 11,430—Nassau							
North Country Community Hospital	Gen	NPAssn	100	20	338	65	2,112
Parkside Hospital	Gen	Part	13	5	45	6	196
Glens Falls, 18,531—Warren							
Glens Falls Hospital	Gen	NPAssn	80	15	271	71	2,241
Westmount Sanatorium	TB	County	52	..	..	58	41
Gloversville, 23,099—Fulton							
Nathan Littauer Hospital○	Gen	NPAssn	102	18	257	55	2,149
Goshen, 2,891—Orange							
Goshen Hospital	Gen	NPAssn	39	8	..	20	...
Interpines Sanitarium	N&M	Indiv	65	..	..	38	52
Gouverneur, 4,015—St. Lawrence							
Stephen B. Van Duzee Hospital	Gen	NPAssn	18	6	71	11	394
Governors Island,—New York							
Station Hospital	Gen	Army	164	9	88	154	3,264
Gowanda, 3,042—Cattaraugus							
Townsend Hospital	Gen	Part	20	8	113	11	541
Granville, 3,483—Washington							
Emma Laing Stevens Hospital	Gen	NPAssn	16	5	52	9	201
Greenport, 3,062—Suffolk							
Eastern Long Island Hospital	Gen	NPAssn	28	8	137	15	673
Harmon-on-Hudson, 110—Westchester							
Crichton House	N&M	Indiv	20	..	..	12	...
Harrison, 1,485—Westchester							
St. Vincent's Retreat	N&M	Church	200	..	..	187	80
Hastings on Hudson, 7,097—Westchester							
Hastings Hillside Hospital♦	N&M	NPAssn	41	..	..	38	122
Helmuth,—Erie							
Gowanda State Homeopathic Hospital♦○	Ment	State	1,336	..	..	1,413	388
Hempstead, 12,650—Nassau							
Meadowbrook Hospital	Gen	County	200	18	..	New	...
Mercy Hospital	Gen	Church	18	14	216	15	445
Station Hospital	Gen	Army	35	..	..	8	286
Herkimer, 10,446—Herkimer							
Herkimer Memorial Hospital	Gen	NPAssn	31	8	79	24	701
Holcomb, 294—Ontario							
Oak Mount Sanatorium	TB	County	45	..	..	51	65
Holtsville, 260—Suffolk							
Suffolk Sanatorium	TB	County	120	..	..	107	143
Hornell, 16,250—Steuben							
Bethesda Hospital	Gen	Corp	44	10	133	25	1,034
St. James Mercy Hospital	Gen	Church	94	16	226	42	1,839
Hudson, 12,337—Columbia							
Hudson City Hospital○	Gen	NPAssn	95	15	230	70	2,144
Huntington, 6,200—Suffolk							
Huntington Hospital	Gen	Corp	78	12	206	54	1,510
Ilion, 9,960—Herkimer							
Ilion Hospital	Gen	NPAssn	25	6	91	18	883

Key to symbols and abbreviations is on page 796

NEW YORK—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Irvington, 3,067—Westchester							
Irvington House	Card	NPAssn	84	..	..	83	107
Ithaca, 20,708—Tompkins							
Tompkins County Memorial Hospital	Gen	NPAssn	105	20	319	78	2,427
Jamaica,—Queens							
Jamaica Hospital*◆○	Gen	NPAssn	144	33	925	116	4,530
Mary Immaculate Hospital*○	Gen	Church	234	56	1,408	231	7,272
Queens General Hospital	Gen	City	532	52	..	New	...
Queensboro Hospital for Communicable Diseases	Iso	City	46	..	..	55	1,022
Van Wyck Hospital	Gen	Indiv	34	6	63	15	685
Jamestown, 45,155—Chautauqua							
Jamestown General Hospital	Gen	City	100	15	382	57	3,203
Woman's Christian Association Hospital○	Gen	NPAssn	104	32	352	52	2,339
Johnson City, 13,567—Broome							
Charles S. Wilson Memorial Hospital*◆○	Gen	NPAssn	320	30	430	195	4,580
Katonah, 1,400—Westchester							
"Four Winds"	N&M	Indiv	37	..	..	25	40
Hillbourne Farms	Nerv	NPAssn	15	..	..	7	13
Kings Park, 1,067—Suffolk							
Kings Park State Hospital○	Ment	State	5,186	..	..	4,461	1,204
Kingston, 28,088—Ulster							
Benedictine Hospital○	Gen	Church	84	16	177	68	2,251
Kingston Hospital*○	Gen	NPAssn	118	15	337	80	2,742
Dr. C. O. Sahler Sanitarium	Conv	Corp	100	..	..	39	74
Ulster County Tuberculosis Hospital	TB	County	56	..	..	51	84
Lackawanna, 23,948—Erie							
Moses Taylor Hospital	Indus	NPAssn	28	..	..	11	239
Our Lady of Victory Hosp.*○	Gen	Church	142	16	256	90	1,939
Lake Kushaqua, 10—Franklin							
Stony Wold Sanatorium	TB	NPAssn	145	..	..	129	108
Lake Placid, 2,930—Essex							
Lake Placid General Hospital	Gen	City	23	6	56	10	365
Liberty, 3,427—Sullivan							
Maimonides Hospital	Gen	NPAssn	30	5	62	15	475
Workmen's Circle Sanatorium	TB	Frat	100	..	..	49	108
Little Falls, 11,105—Herkimer							
Little Falls Hospital	Gen	Corp	36	11	142	27	908
Livingston, 249—Columbia							
Potts Memorial Hospital	TB	NPAssn	53	..	..	47	34
Lockport, 23,160—Niagara							
Lockport City Hospital	Gen	City	72	14	327	51	1,713
Niagara County Sanatorium	TB	County	200	..	..	207	121
Long Beach, 5,817—Nassau							
Long Beach Hospital	Gen	NPAssn	31	5	68	17	600
Long Island City,—Queens							
Boulevard Sanitarium	Gen	Corp	73	28	714	49	2,094
Daly's Astoria Sanatorium	Gen	Corp	33	24	376	15	601
River Crest Sanitarium	N&M	Corp	132	..	..	102	241
St. John's Long Island City Hospital*○	Gen	Church	256	44	914	225	5,988
Loomis, 200—Sullivan							
Loomis Sanatorium◆	TB	NPAssn	130	..	..	93	157
Lowville, 3,424—Lewis							
Lewis County General Hosp.	Gen	StateCo	40	8	119	22	984
Lyons, 3,956—Wayne							
Edward J. Barber Hospital	Gen	Indiv	22	3	32	17	386
Lyons Hospital	Gen	Corp	23	4	47	10	302
Malone, 8,657—Franklin							
Alice Hyde Memorial Hospital	Gen	NPAssn	74	12	139	49	1,166
Marcy, 112—Oneida							
Marcy State Hospital	Ment	State	2,753	..	..	2,626	514
Medina, 6,071—Orleans							
Medina Memorial Hospital	Gen	NPAssn	29	7	50	12	531
Middle Grove, 280—Saratoga							
Saratoga County Tuberculosis Hospital	TB	County	90	..	..	87	181
Middletown, 21,276—Orange							
Elizabeth A. Horton Memorial Hospital	Gen	NPAssn	90	18	197	51	1,721
Middletown Sanitarium and Hospital	Gen	Indiv	45	8	..	24	...
Middletown State Homeopathic Hospital◆○	Ment	State	2,780	..	..	3,022	375
Mineola, 8,155—Nassau							
Nassau Hospital*○	Gen	NPAssn	175	30	706	141	4,930
Monticello, 3,450—Sullivan							
Hamilton Avenue Hospital	Gen	Indiv	12	4	51	8	317
Monticello Hospital	Gen	NPAssn	24	5	42	9	484
Mt. Kisco, 5,127—Westchester							
Northern Westchester Hospital	Gen	NPAssn	100	18	337	65	2,347
Mt. McGregor,—Saratoga							
Metropolitan Life Insurance Company Sanatorium◆	G&TB	NPAssn	300	..	..	221	359
Mt. Vernon, 61,499—Westchester							
Mt. Vernon Hospital*○	Gen	NPAssn	153	30	623	119	3,700
Mt. Vision, 258—Otsego							
Otsego County Sanatorium	TB	County	26	..	..	17	26
Newburgh, 31,275—Orange							
Estelle and Walter C. Odell Memorial Sanatorium for Tuberculosis	TB	County	50	..	..	47	67
St. Luke's Hospital○	Gen	NPAssn	192	19	222	73	2,710
New Rochelle, 54,000—Westchester							
New Rochelle Hospital*○	Gen	NPAssn	121	26	528	127	3,937
New York City, 4,211,000—New York							
Babies Hospital◆⊙	Chil	NPAssn	154	..	..	98	2,857
Beekman Street Hospital	Gen	NPAssn	100	..	..	63	2,305
Bellevue Hospital*◆○	Gen	City	2,313	115	1,854	2,372	50,045
Beth David Hospital*	Gen	NPAssn	132	24	284	75	2,269
Beth Israel Hospital*◆○	Gen	NPAssn	380	84	1,774	276	7,980
Broad Street Hospital	Gen	NPAssn	117	8	55	55	2,174
Bronx Eye and Ear Infirmary	ENT	NPAssn	30	..	..	13	2,769
Bronx Hospital*	Gen	NPAssn	303	59	1,794	231	7,970
Bronx Maternity and Woman's Hospital	Mat	NPAssn	34	34	578	15	644
Central Neurological Hosp.◆	Neur	City	470	..	..	455	773
Charles B. Towns Hospital	Drug	Corp	50	..	..	16	741
Columbus Hospital*	Gen	Church	200	40	408	139	4,654
Columbus Hospital Extension	Gen	Church	85	15	223	68	1,881
Community Hospital	Gen	NPAssn	90	18	152	40	2,149
Concourse Hospital	Gen	Indiv	44	30	340	20	1,325
Crotona Park Sanitarium	Gen	Corp	27	24	292	15	561
Doctors Hospital	Gen	NPAssn	275	50	502	80	2,581
Fifth Avenue Hospital*◆○	Gen	Corp	280	40	565	172	5,094
(Merged with Flower Hospital, October 1935)							
Fitch Sanitarium	Gen	Corp	77	46	550	29	1,100
Flower Hospital	See New York Homeopathic Medical College and Flower Hospital						
Fordham Hospital*⊙	Gen	City	558	51	1,780	408	13,742
Franklin Maternity Sanitarium	Mat	Indiv	10	10	140	5	150
French Hospital*	Gen	NPAssn	230	50	82	142	3,720
Gelber Hospital	ENT	Indiv	24	..	No data supplied		
Gouverneur Hospital*⊙	Gen	City	200	20	300	160	4,801
Harlem Eye and Ear Hosp.◆	ENT	NPAssn	50	..	..	7	1,305
Harlem Hospital*◆○	Gen	City	677	52	1,325	631	11,458
Herman Knapp Memorial Eye Hospital◆	Eye	Corp	50	..	..	32	818
Hospital for Joint Diseases*◆	G&Or	NPAssn	355	..	..	302	5,400
Hunts Point Hospital	Gen	Corp	90	27	..	37	...
Jewish Maternity Hospital	Unit of Beth Israel Hospital						
Jewish Memorial Hospital	Gen	NPAssn	105	12	104	70	1,875
Knickerbocker Hospital*	Gen	NPAssn	174	30	622	116	3,238
Lebanon Hospital*○	Gen	NPAssn	139	15	302	100	3,079
Dr. Leff's Maternity Hospital	Mat	Indiv	50	50	500	14	685
Lenox Hill Hospital*◆○	Gen	NPAssn	516	74	835	381	10,120
Le Roy Sanitarium	Gen	Corp	54	10	No data supplied		
Lincoln Hospital*◆○	Gen	City	233	32	1,297	323	6,036
Lutheran Hospital	Gen	NPAssn	100	21	386	75	2,429
Lying-in Hospital◆	Unit of New York Hospital						
Manhattan Eye, Ear and Throat Hospital◆	ENT	NPAssn	212	..	..	143	16,502
Manhattan General Hospital*	Gen	Corp	136	12	185	78	2,930
Manhattan Maternity and Disp.	Unit of New York Hospital						
Manhattan State Hospital○	Ment	State	4,138	..	..	3,305	2,087
Memorial Hospital for the Treatment of Cancer and Allied Diseases◆	Ca	NPAssn	110	..	..	100	2,580
Metropolitan Hospital*◆○	Gen	City	1,367	58	1,087	1,513	10,783
Midtown Hospital	Gen	NPAssn	60	10	63	34	2,920
Misericordia Hospital*○	Gen	Church	247	75	1,313	231	3,537
Montefiore Hospital for Chronic Diseases*◆	Gen	NPAssn	711	..	..	683	1,908
Morrisania City Hospital*◆	Gen	City	471	68	1,848	521	14,543
Mount Morris Park Hospital	Gen	Indiv	64	30	136	13	595
Mt. Sinai Hospital*◆○	Gen	NPAssn	780	..	..	530	13,564
Nazareth Hospital for Women and Children	Unit of Seton Hospital						
Neurological Institute of New York◆⊙	Neur	NPAssn	222	..	..	163	3,478
New York City Cancer Institute Hospital◆	Ca	City	192	..	..	188	859
New York City Hospital*	Gen	City	1,032	28	681	998	8,207
New York Eye and Ear Infirmary◆	ENT	NPAssn	168	..	..	103	5,643
New York Foundling Hosp.◆⊙	MatCh	Church	326	48	537	230	2,731
New York Homeopathic Medical College and Flower Hospital*	Gen	NPAssn	204	34	614	154	5,076
New York Hospital*◆○	Gen	NPAssn	879	131	2,731	574	14,337
New York Infirmary for Women and Children*	Gen	NPAssn	125	37	849	91	2,477
New York Nursery and Childs Hospital	Unit of New York Hospital						
New York Ophthalmic Hospital	Unit of New York Homeopathic Medical College and Flower Hospital						
New York Orthopaedic Dispensary and Hospital◆	Orth	NPAssn	132	..	..	95	1,338
New York Polyclinic Medical School and Hospital*◆	Gen	NPAssn	300	37	865	188	6,831
New York Post-Graduate Medical School and Hospital*◆	Gen	NPAssn	411	..	..	255	9,192
New York Society for the Relief of the Ruptured and Crippled◆	Orth	NPAssn	268	..	..	168	2,988
New York State Psychiatric Institute and Hospital◆	Ment	State	200	..	..	173	295
Park East Hospital	Gen	Corp	120	24	306	64	2,494
Park Hill Sanitarium	Gen	Corp	73	8	88	27	1,168
Parkway Latin Hospital	Gen	Corp	66	12	168	18	784
Park West Hospital	Gen	Corp	64	10	185	35	2,209
Payne Whitney Psychiatric Clinic	Unit of New York Hospital						
People's Hospital	Gen	NPAssn	53	5	45	33	1,213
Presbyterian Hospital*◆○	Gen	NPAssn	648	..	..	452	10,864
Psychiatric Pavilion of Bellevue Hospital	Unit of Bellevue Hospital						
Reconstruction Hospital	Unit of New York Post-Graduate Medical School and Hospital						
Riverside Hospital	TbIs	City	332	..	..	377	1,431
Roosevelt Hospital*○	Gen	NPAssn	379	..	..	228	6,162
Royal Hospital	Gen	Indiv	110	30	1,006	62	2,850
St. Ann's Maternity Hospital	Unit of New York Foundling Hospital						

Key to symbols and abbreviations is on page 798

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NEW YORK—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
St. Clare's Hospital	Gen	Church	75	15	225	39	1,371
St. Elizabeth's Hospital	Gen	Church	102	27	353	46	1,425
St. Francis' Hospital*	Gen	Church	425	..	..	254	5,181
St. John's Hospital	Unit of New York Foundling Hospital						
St. Joseph's Hospital for Consumptives	TB	Church	350	..	..	327	440
St. Luke's Hospital*◆○	Gen	Church	582	8	..	356	7,511
St. Vincent's Hospital*○	Gen	Church	430	35	794	380	9,648
Seton Hospital	TB	Church	254	..	..	253	227
Sloane Hospital for Women◆◎	GynOb	NPAssn	178	144	2,299	237	3,940
Sydenham Hospital*	Gen	NPAssn	176	24	507	145	4,589
Union Hospital	Gen	NPAssn	55	20	135	29	1,065
U. S. Marine Hospital*◆	Gen	USPHS	532	..	..	462	3,168
University Heights Hospital	Gen	Corp	50	17	312	35	1,471
Veterans Admin. Facility	Gen	Vet	974	..	..	873	4,486
Westchester Square Hospital	Gen	Indiv	75	32	490	30	1,491
West Hill Sanitarium	N&M	Indiv	53	..	..	39	111
West Side Hospital and Dispensary	Gen	NPAssn	27	..	..	14	663
Wickersham Hospital	Gen	Corp	75	9	45	25	609
Willard Parker Hospital◆◎	Tbls	City	424	..	..	312	7,297
William Booth Memorial Hosp.	Gen	Church	48	25	254	25	905
Woman's Hospital◆	GynOb	NPAssn	219	84	1,412	194	4,816
Niagara Falls, 75,460—Niagara							
Mt. St. Mary's Hospital○	Gen	Church	132	28	418	71	2,490
Niagara Falls Memorial Hosp.	Gen	NPAssn	165	25	508	96	3,049
Northport, 2,528—Suffolk							
Veterans Admin. Facility	Ment	Vet	1,392	..	..	1,412	205
North Tonawanda, 19,019—Niagara							
De Graff Memorial Hospital	Gen	City	48	18	205	23	1,173
Norwich, 8,378—Chenango							
Chenango Memorial Hospital	Gen	NPAssn	68	15	102	34	944
Nyack, 5,392—Rockland							
Nyack Hospital	Gen	NPAssn	88	16	273	73	2,009
Ogdensburg, 16,915—St. Lawrence							
A. Barton Hepburn Hospital○	Gen	Church	160	20	267	104	3,363
St. John's Hospital	TB	Church	45	..	..	33	30
St. Lawrence State Hospital◆○	Ment	State	2,235	..	..	2,168	339
Olean, 21,790—Cattaraugus							
Mountain Clinic	Gen	Indiv	38	9	61	16	568
Olean General Hospital	Gen	NPAssn	81	22	248	40	1,853
Rocky Crest Sanatorium	TB	County	40	..	..	38	56
Oneida, 10,558—Madison							
Broad Street Hospital○	Gen	NPAssn	55	10	80	33	842
Oneida City Hospital	Gen	City	17	4	60	12	468
Oneonta, 12,536—Otsego							
Aurelia Osborn Fox Memorial Hospital	Gen	NPAssn	54	6	147	38	1,381
Orangeburg, 360—Rockland							
Rockland State Hospital○	Ment	State	4,400	..	..	4,071	1,332
Ossining, 15,241—Westchester							
Ossining Hospital	Gen	NPAssn	60	11	214	36	1,273
Stony Lodge	N&M	Indiv	31	..	..	18	33
Oswego, 22,652—Oswego							
Oswego Hospital	Gen	NPAssn	80	11	219	50	1,698
Station Hospital	Gen	Army	30	..	..	22	461
Otisville, 809—Orange							
Municipal Sanatorium◆	TB	City	388	..	..	355	625
Owego, 4,742—Tioga							
Glenmary Sanitarium	N&M	Corp	50	..	..	9	12
Peekskill, 17,125—Westchester							
Peekskill Hospital	Gen	NPAssn	70	12	296	37	1,551
Penn Yan, 5,329—Yates							
Soldiers and Sailors Memorial Hospital	Gen	NPAssn	41	10	140	30	1,181
Perrysburg, 317—Cattaraugus							
J. N. Adam Memorial Hospital	TB	City	500	..	..	369	420
Philmont, 1,868—Columbia							
Columbia County Tuberculosis Sanatorium	TB	County	76	..	..	57	70
Plattsburg, 13,349—Clinton							
Champlain Valley Hospital○	Gen	Church	100	15	262	62	2,254
Physicians Hospital	Gen	NPAssn	90	18	191	47	1,558
Station Hospital	Gen	Army	64	2	33	42	1,157
Pomona, 155—Rockland							
Summit Park Sanatorium	TB	County	52	..	..	50	44
Pt. Chester, 22,662—Westchester							
St. Luke's Convalescent Hosp.	Conv	Church	135	..	..	30	420
United Hospital*○	Gen	NPAssn	164	36	513	101	3,533
Pt. Jefferson, 2,200—Suffolk							
John T. Mather Memorial Hospital	Gen	NPAssn	58	12	113	30	1,032
St. Charles Hospital for Crippled Children	Orth	Church	230	..	..	220	41
Pt. Jervis, 10,243—Orange							
St. Francis Hospital	Gen	Church	54	10	46	20	514
Potsdam, 4,136—St. Lawrence							
Potsdam Hospital	Gen	NPAssn	54	21	140	33	1,174
Poughkeepsie, 40,288—Dutchess							
Hudson River State Hosp.◆○	Ment	State	4,435	..	..	4,400	652
St. Francis Hospital○	Gen	Church	87	18	243	60	2,134
Samuel and Nettie Bowne Hosp.	TB	Corp	50	..	..	33	54
Samuel W. Bowne Memorial Hospital	TB	CyCo	135	..	..	125	112
Vassar Brothers Hospital*○	Gen	NPAssn	192	33	538	136	4,233
Queens Village, —Queens							
Creedmoor State Hospital	Ment	State	4,000	..	..	3,532	1,439
Ray Brook, 40—Essex							
New York State Hospital	TB	State	300	..	..	292	403
Rhinebeck, 1,569—Dutchess							
Northern Dutchess Health Service Center	Gen	NPAssn	30	8	78	24	640
Richland, 404—Oswego							
Oswego County Sanatorium	TB	County	111	..	..	98	104

NEW YORK—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Rochester, 328,132—Monroe							
Belvidere Private Hospital	Gen	Indiv	16	12	91	4	189
Genesee Hospital*◆○	Gen	NPAssn	187	31	494	128	3,881
Highland Hospital*○	Gen	NPAssn	170	30	548	124	4,272
Iola-Monroe County Tuberculosis Sanatorium◆	TB	County	400	..	..	389	527
Monroe County Hospital	Gen	County	366	16	199	411	2,595
Park Avenue Hospital○	Gen	NPAssn	83	20	263	45	1,738
Rochester General Hospital*◆○	Gen	NPAssn	300	61	1,178	248	6,680
Rochester Municipal Hospital*◆	Gen	City	309	24	706	240	6,997
Rochester State Hospital◆○	Ment	State	3,148	..	..	2,608	501
St. Mary's Hospital*○	Gen	Church	193	26	449	125	4,073
Strong Memorial Hospital*◆○	Gen	NPAssn	264	36	251	142	5,681
Rockaway Beach, —Queens							
Neponsit Beach Hospital for Children	TB	City	120	..	..	120	39
Rockaway Beach Hospital and Dispensary	Gen	NPAssn	100	12	332	95	2,872
Rockville Center, 13,718—Nassau							
South Nassau Communities Hospital	Gen	NPAssn	60	16	642	50	2,336
Rome, 32,338—Oneida							
Oneida County Hospital	Gen	County	195	5	85	194	1,504
Rome Hospital and Murphy Memorial Hospital	Gen	City	65	17	349	53	2,027
Rome Infirmary	Gen	Indiv	30	..	13	..	126
Sackets Harbor, 742—Jefferson							
Station Hospital	Gen	Army	30	..	..	20	593
Salamanca, 9,577—Cattaraugus							
City Hospital	Gen	City	31	14	112	24	901
Salisbury Center, 331—Herkimer							
Pine Crest Sanatorium	TB	County	90	..	..	90	56
Saranac Lake, 8,020—Franklin							
General Hospital	Gen	NPAssn	36	10	87	25	931
National Variety Artists Lodge (Will Rogers Memorial Hospital)	TB	NPAssn	75	..	..	54	32
Northwoods Sanatorium	TB	NPAssn	26	..	..	26	22
Reception Hospital	TB	Indiv	20	..	..	17	32
St. Mary's of the Lake Hosp.	TB	Church	30	..	..	17	18
Saratoga Springs, 13,169—Saratoga							
Saratoga Hospital○	Gen	NPAssn	90	17	146	43	1,423
Schenectady, 95,692—Schenectady							
Eastern New York Orthopedic Hospital-School	Orth	NPAssn	15	..	..	14	25
Ellis Hospital*○	Gen	NPAssn	245	40	750	219	6,561
Glenridge Sanatorium	TB	County	132	..	..	108	90
Seneca Falls, 6,443—Seneca							
Seneca Falls Hospital	Gen	City	28	7	68	13	383
Sherburne, 1,077—Chenango							
Chenango County Tuberculosis Hospital	TB	County	33	..	..	29	29
Sodus, 1,444—Wayne							
Myers Hospital	Gen	Indiv	35	7	47	12	296
Somers, —Westchester							
Pinewood Sanitarium	N&M	Indiv	43	..	..	27	91
Sonyea, —Livingston							
Craig Colony◆○	Epil	State	2,480	..	..	2,377	428
Southampton, 3,737—Suffolk							
Southampton Hospital○	Gen	NPAssn	84	20	229	44	1,773
Stapleton (Staten Island P.O.), —Richmond							
U. S. Marine Hospital*	Gen	USPHS	312	..	..	291	3,408
Staten Island, 158,346—Richmond							
Richmond Memorial Hospital	Gen	NPAssn	60	18	189	52	1,441
St. Vincents Hospital*	Gen	Church	217	33	689	167	5,294
Sea View Hospital◆◎	TB	City	1,438	8	14	1,637	3,499
Staten Island Hospital*○	Gen	NPAssn	294	52	929	122	4,357
Suffern, 3,757—Rockland							
Good Samaritan Hospital	Gen	Church	34	10	156	29	1,385
Sunmount, —Franklin							
Veterans Admin. Facility	TB	Vet	520	..	..	366	438
Syracuse, 209,326—Onondaga							
City Hospital◎	Iso	City	84	..	..	27	679
Crouse-Irving Hospital○	Gen	NPAssn	170	30	571	144	5,145
General Hospital*○	Gen	NPAssn	85	25	541	71	2,530
Hospital of the Good Shepherd*◆○	Gen	NPAssn	242	..	..	164	4,873
Onondaga General Hospital	Gen	NPAssn	52	25	68	30	889
Onondaga Sanatorium	TB	County	255	..	..	236	225
Peoples Hospital	Gen	NPAssn	33	10	72	8	332
St. Joseph Hospital*○	Gen	Church	200	31	475	152	5,653
St. Mary's Maternity Hospital and Infants Asylum	MatCh	Church	72	29	243	34	361
Syracuse Memorial Hospital*○	Gen	NPAssn	210	40	1,032	211	5,245
Syracuse Psychopathic Hosp.	Ment	State	60	..	..	47	601
Twin Elms	N&M	Indiv	10	..	..	10	43
Tarrytown, 6,841—Westchester							
Tarrytown Hospital	Gen	NPAssn	60	13	232	42	1,508
Ticonderoga, 3,680—Essex							
Moses-Ludington Hospital	Gen	NPAssn	44	6	52	28	800
Troy, 72,763—Rensselaer							
Leonard Hospital	Gen	NPAssn	77	19	255	58	1,734
Marshall Sanitarium	N&M	NPAssn	60	..	..	47	278
St. Joseph's Maternity Hosp.	Mat	Church	30	28	312	13	346
Samaritan Hospital*○	Gen	NPAssn	165	16	300	96	2,592
Troy Hospital*	Gen	Church	272	22	238	148	3,059
Trudeau, 230—Essex							
Trudeau Sanatorium◆	TB	NPAssn	180	..	..	185	265
Trumansburg, 1,077—Tompkins							
Tompkins County Tuberculosis Hospital	TB	County	30	..	..	24	27
Tupper Lake, 5,271—Franklin							
Mercy General Hospital	Gen	Church	35	2	36	13	474
Tuxedo Park, 2,000—Orange							
Tuxedo Memorial Hospital	Gen	NPAssn	33	7	42	18	456

Key to symbols and abbreviations is on page 798

NEW YORK—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Utica, 101,740—Oneida							
Faxton Hospital◊	Gen	NPAssn	116	16	280	74	2,674
Masonic Soldiers and Sailors Memorial Hospital	Gen	Frat	200	..	..	129	532
Oneida County Tuberculosis Sanatorium	TB	County	132	..	..	128	129
St. Elizabeth Hospital◊	Gen	Church	130	20	351	99	2,612
St. Luke's Home and Hosp.◊	Gen	Church	123	28	338	65	2,397
Utica General Hospital	Gen	City	135	8	309	87	3,981
Utica Memorial Hospital◊	Gen	NPAssn	63	12	147	36	1,450
Utica State Hospital◊◊	Ment	State	1,640	..	..	1,623	627
Valhalla, 620—Westchester							
Grasslands Hospital◊◊	Gen	County	588	15	339	467	6,429
Warsaw, 3,477—Wyoming							
Wyoming County Community Hospital	Gen	County	80	11	206	51	1,687
Warwick, 2,433—Orange							
Warwick Hospital and Clinic	Gen	Indiv	20	4	23	8	235
Waterloo, 4,047—Seneca							
Waterloo Memorial Hospital	Gen	NPAssn	13	4	38	9	262
Watertown, 32,205—Jefferson							
House of the Good Samaritan◊	Gen	NPAssn	122	13	176	80	2,087
Jefferson County Sanatorium	TB	County	78	..	..	78	72
Mercy Hospital◊	Gen	Church	100	14	210	63	1,852
Waverly, 5,082—Tioga							
Tioga County General Hosp.	Gen	County	56	12	102	40	992
Wayland, 1,814—Steuben							
Wayland Hospital	Gen	Part	16	3	29	10	316
Wellsville, 5,674—Allegany							
Memorial Hospital of Wm. P. and Gertrude F. Jones	Gen	City	45	10	154	27	866
West Haverstraw, 2,834—Rockland							
New York State Reconstruction Home◊	Orth	State	295	..	..	277	319
West Point, 1,250—Orange							
Station Hospital	Gen	Army	158	8	51	75	2,170
White Plains, 35,830—Westchester							
Bloomingdale Hospital◊◊	N&M	NPAssn	300	..	..	232	250
New York Orthopaedic Dispensary and Hospital	Orth	NPAssn	160	..	..	106	518
St. Agnes Hospital◊	Gen	Church	105	24	526	71	2,171
White Plains Hospital◊	Gen	NPAssn	139	22	242	60	2,132
Willard, 230—Seneca							
Willard State Hospital◊	Ment	State	2,730	..	..	2,671	429
Wingdale, 136—Dutchess							
Harlem Valley State Hospital◊	Ment	State	4,430	..	..	3,502	1,986
Woodhaven, —Queens							
St. Anthony's Hospital	TB	Church	400	..	..	382	956
Wynantskill, 167—Rensselaer							
Pawling Sanatorium	TB	County	152	..	..	136	150
Yonkers, 134,646—Westchester							
Gray Oaks Hospital	TB	City	55	..	..	..	73
House of Rest at Sprain Ridge	TB	NPAssn	100	..	..	57	80
St. John's Riverside Hospital◊◊	Gen	NPAssn	176	24	372	133	4,177
St. Joseph's Hospital◊	Gen	Church	177	20	295	93	2,497
Yonkers General Hospital◊◊	Gen	NPAssn	136	39	340	72	2,550
Related Institutions							
Albany, 127,412—Albany							
Albany's Hospital for Incurables	Inc	NPAssn	85	..	..	85	50
Evergreens Sanatorium-School	MeDe	Indiv	10	..	..	5	7
St. Margaret's House and Hosp.	Inst	Church	43	12	..	37	45
Albion, 4,678—Orleans							
Albion State Training School	MeDe	State	225	19	6	213	40
Orleans Welfare Hospital and Home	Gen	County	40	2	22	35	90
Alden, —Erie							
Erie County Penitentiary Hosp.	Inst	County	18	..	..	..	181
Amityville, 4,457—Suffolk							
Brunswick Home Sanitarium	MeDe	Corp	355	..	..	224	457
Auburn, 36,052—Cayuga							
Auburn State Prison Hospital	Inst	State	50	..	..	7	193
Whitten Nursing Home	Conv	Indiv	10	3	10	7	28
Bainbridge, 1,324—Chenango							
Bainbridge Hospital	Gen	Indiv	10	6	38	11	200
Bay Shore, 4,080—Suffolk							
Dr. King's Hospital	Gen	Indiv	30	9	50	13	409
Bedford Hills, 1,866—Westchester							
Westfield State Farm	Inst	State	47	30	..	24	414
Binghamton, 76,662—Broome							
Binghamton Training School for Nervous, Backward and Mental Defectives	MeDe	Indiv	50	..	..	35	42
Brewerport, 400—Chemung							
Chemung County Home	Inst	County	60	..	..	30	113
Brewster, 1,664—Putnam							
Mountainbrook Farm Sanit.	Conv	Indiv	25	..	..	19	48
Brooklyn, 2,560,401—Kings							
Brooklyn Hebrew Home and Hospital for Aged	Inst	NPAssn	603	..	..	455	123
Churchill Sanitarium	Gen	Indiv	12	3	10	4	78
Faith Home for Incurables	Inc	NPAssn	62	..	..	52	12
Hamilton Private Hospital	Gen	Indiv	22	3	55	14	489
Jewish Sanitarium for Incurables	Inc	NPAssn	525	..	..	381	246
Buffalo, 573,076—Erie							
Buffalo Eye and Ear Infirmary and Weitlaufer Clinic	ENT	NPAssn	8	2	..	3	684
Ingleside Home	Mat	NPAssn	46	30	50	24	99
Parkside Sanitarium and Hosp.	Conv	Indiv	40	..	..	19	82
Salvation Army Maternity Hospital and Home	Mat	Church	28	6	45	24	73
Caledum, 111—Jefferson							
Jefferson County Contagious Hospital	Iso	County	18	..	..	20	88

NEW YORK—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Camden, 1,912—Oneida							
Healthforte-Dr. Bell's Private Rest Home	N&M	Indiv	15	..	No data supplied		
Canandaigua, 7,541—Ontario							
Canandaigua Health Home	Conv	Indiv	18	..	..	10	45
Castle, 500—Wyoming							
Greene Sanitarium	Conv	Indiv	38	..	..	25	30
Corona, —Queens							
Dr. Combes' Sanitarium	N&M	Corp	66	..	..	37	...
Cortland, 15,043—Cortland							
Cortland Sanitarium	Conv	Part	12	..	..	7	159
Dannemora, 3,248—Clinton							
Clinton Prison General and Tuberculosis Hospital	Inst	State	235	..	..	163	220
Delhi, 1,840—Delaware							
Delaware Hospital	Gen	County	15	..	..	10	244
Delhi Hospital	Gen	NPAssn	14	6	38	6	275
Eastview, 161—Westchester							
Solomon and Betty Loeb Memorial Home for Convalescents	Conv	NPAssn	112	..	..	112	1,357
Edmeston, 749—Otsego							
Otsego School for Backward Children	MeDe	Indiv	25	..	..	23	10
Elmira, 47,297—Chemung							
Chemung County Preventorium	TB	County	23	..	..	21	35
Elmira Reformatory	Inst	State	100	..	..	22	720
Gleason Health Resort	Conv	Indiv	35	..	..	15	165
Far Rockaway, —Queens							
Brooklyn Jewish Home for Convalescents	Conv	NPAssn	45	..	..	43	954
Ware Crest Convalescent Home and Seaside Hospital	Conv	NPAssn	70	..	..	57	58
Flushing, —Queens							
New York City Children's Hosp.	MeDe	City	450	..	..	324	493
Genoa, 457—Cayuga							
Genoa Hospital	Gen	Indiv	10	2	15	3	110
Herkimer, 10,468—Herkimer							
Herkimer County Hospital	Gen	County	18	..	..	15	129
Hudson, 12,337—Columbia							
New York State Training School for Girls	Inst	State	56	4	11	5	497
Industry, —Monroe							
Industry General Hospital	Inst	State	42	..	..	25	720
Iroquois, 40—Erie							
Thomas Indian School Hosp.	Inst	State	26	..	..	11	451
Ithaca, 29,709—Tompkins							
Bailey-Jones Hospital	Gen	Indiv	14	..	6	9	292
Conklin Sanitarium	Gen	Indiv	10	..	..	4	214
Reconstruction Home	Orth	NPAssn	70	..	..	45	66
Keene Valley, 400—Essex							
Keene Valley Neighborhood House and Hospital	Gen	NPAssn	10	4	19	5	99
Lake Ronkonkoma, 60—Suffolk							
Gary de Vabre Academy	MeDe	Part	18	..	..	7	...
Margaretville, 771—Delaware							
Margaretville Hospital	Gen	NPAssn	10	5	38	4	215
Millgrove, 110—Erie							
Erie County Home and Infirmary	Inst	County	1,382	..	..	1,203	445
Montour Falls, 1,402—Schuyler							
Shepard Relief Hospital	Gen	NPAssn	20	6	47	9	303
Napanoch, 633—Ulster							
Institution for Male Defective Delinquents	MeDe	State	24	..	..	17	409
Newark, 7,649—Wayne							
Newark State School	MeDe	State	1,872	8	13	1,809	383
New York City, 4,211,600—New York							
Beth Abraham Home for Incurables	Inc	NPAssn	230	..	..	244	71
Bryant Sanitarium	Mat	Indiv	10	10	90	3	90
Colored Orphan Asylum	Inst	NPAssn	18	..	..	10	248
Correction Hospital	Inst	City	150	..	..	..	...
Harts Island Prison Hospital	Inst	City	65	..	..	60	767
Hebrew Convalescent Home	Conv	NPAssn	85	..	..	75	749
Home for Aged and Infirm Hebrews	Inst	NPAssn	29	..	..	29	406
Home for Hebrew Infants	Inst	NPAssn	61	..	..	42	1,229
Home for Incurables	Inc	Church	349	..	..	312	246
House of Calvary	Ca	Church	140	..	..	127	425
House of the Holy Comforter	Inc	Church	100	..	..	72	13
Jewish Home for Convalescents	Conv	NPAssn	115	..	..	60	1,569
Mt. Eden Hospital	Gen	Indiv	40	30	595	28	1,532
New York County Penitentiary Hospital	Inst	City	43	..	No data supplied		
Dr. Rogers' Hospital	N&M	Indiv	25	..	..	16	400
St. Andrew's Convalescent Hosp.	Conv	Church	30	..	..	15	302
St. Rose's Free Home for Incurable Cancer	Ca	Church	80	..	..	78	365
Sherman Square Hospital	Gen	Corp	43	10	No data supplied		
Tonsil Hospital	N&T	NPAssn	36	..	No data supplied		
Dr. Wiley M. Wilson's Private Hospital (col.)	Gen	Indiv	8	2	20	3	125
Niagara Falls, 75,460—Niagara							
Niagara Falls Municipal Hosp.	Iso	City	36	..	..	10	109
Oneonta, 12,536—Otsego							
Parshall Private Hospital	Gen	Indiv	34	6	No data supplied		
Onondaga, 300—Onondaga							
Onondaga County Hospital	Gen&Inst	County	155	13	128	131	534
Oriskany, 1,142—Oneida							
Eastern Star Home and Infirmary	Inst	Frat	60	..	..	48	98
Ossining, 15,941—Westchester							
Greenmont-on-Hudson	N&M	Indiv	19	..	..	10	...
Sing Sing Prison Hospital	Inst	State	86	..	..	47	1,621

Key to symbols and abbreviations is on page 700

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NEW YORK—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Otisville, 800—Orange							
Dr. Sherwin' Convalescent Home	TB	Indiv	15	..	..	9	30
Oxford, 1,601—Chenango							
New York State Women's Relief Corps Home	Inst	State	50	..	..	47	48
Patchogue, 6,960—Suffolk							
Community Hospital	Gen	Indiv	24	6	..	5	...
Pawling, 1,304—Dutchess							
White Oak Farm	N&M	Corp	19	..	..	10	9
Pelham Manor, 4,398—Westchester							
Pelham Home for Children	Conv	NPAssn	30	..	..	29	62
Plattsburg, 13,349—Clinton							
Children's Home of Northern New York	Inst	NPAssn	12	..	..	5	6
Pleasantville, 4,546—Westchester							
Hebrew Sheltering Guardian Orphan Asylum	Inst	NPAssn	34	..	..	..	270
Pt. Jervis, 10,263—Orange							
Deerpark Hospital	Gen	Corp	13	3	18	7	246
Poughkeepsie, 40,288—Dutchess							
Poughkeepsie City Home and Infirmary	Inst	City	29	..	..	15	5
Sadlier Hospital	Surg	Indiv	9	..	..	8	155
Swift Infirmary—Vassar College	Inst	NPAssn	30	..	..	12	949
Queens Village, Queens							
Queens Village Sanatorium	Gen	Indiv	10	12	54	5	137
Remsen, 437—Oneida							
Whitesboro Sanitarium and Adirondack Annex	Nerv	Indiv	15	..	..	1	10
Rhinebeck, 2,862—Dutchess							
Holiday Farm, Home for Convalescent Children	Conv	Indiv	50	..	..	25	244
Rochester, 328,132—Monroe							
Convalescent Hospital for Children	Conv	NPAssn	48	..	..	44	164
Field Sanitarium	Conv	Indiv	15	..	..	14	63
Knorr Sanitarium Convalescent Home	Conv	Indiv	35	..	..	30	...
Rockaway Park,—Queens							
Convalescent Home for Hebrew Children	Conv	NPAssn	112	..	..	106	379
Rome, 32,536—Oneida							
Rome State School	MeDe	State	3,251	24	28	3,027	230
Rye, 8,712—Westchester							
Halcyon Rest	N&M	Indiv	33	..	..	26	96
Schenectady, 95,692—Schenectady							
General Electric Company Industrial Hospital	Indus	Corp	10	..	..	8	217
Schenectady City Hospital[9]	Iso	City	30	6	..	17	334
Schenectady County Home and Hospital	Inst	County	45	..	..	45	350
Sea Cliff, 3,456—Nassau							
Country Home for Convalescent Babies	Conv	NPAssn	70	..	..	47	463
Staten Island, 158,346—Richmond							
New York City Farm Colony	Inst	City	1,449	..	..	1,342	622
Sailors' Snug Harbor Hosp.	Gen	NPAssn	200	..	..	153	353
Seaside Hospital[9]	Chil	NPAssn	100	..	..	154	742
Syracuse, 209,326—Onondaga							
Syracuse State School	MeDe	State	1,685	..	..	1,047	151
Thiells, 238—Rockland							
Letchworth Village	MeDe	State	3,200	..	..	3,081	301
Troy, 72,763—Rensselaer							
Rensselaer County Hospital	Chr	County	68	..	No data supplied		
Troy Orphan Asylum	Inst	NPAssn	32	4	..	8	427
Tupper Lake, 5,271—Franklin							
American Legion Mountain Camp	Conv	NPAssn	55	..	..	45	158
Utica, 101,740—Oneida							
Children's Hospital Home of Utica	Orth	NPAssn	30	..	..	27	50
Valhalla, 630—Westchester							
Blythedale Hospital and Home for Crippled Children	Orth	NPAssn	72	..	..	63	90
Valley Cottage, 213—Rockland							
Reed Farm and Nichols Cottage	Conv	Indiv	24	..	..	24	63
Wassaic, 980—Dutchess							
Wassaic State School	MeDe	State	3,412	..	..	3,406	617
Waterton, 37,385—Jefferson							
Jefferson County Home	Gen	County	30	..	..	..	62
White Plains, 35,620—Westchester							
Convalescent Hospital for Children	Conv	NPAssn	80	..	..	79	591
Martine Farm Children's Cardiac Home	Conv	Indiv	25	..	..	25	47
Williamsville, 3,119—Erie							
Josephine Goodyear Convalescent Home	Conv	Indiv	62	..	..	58	256
Yonkers, 134,646—Westchester							
Leake and Watts Home School	Inst	NPAssn	38	..	..	5	201
Sunny Slope Sanitarium	Conv	Indiv	13	..	..	10	...
Yonkers City Hospital for Communicable Diseases	Iso	City	87	..	..	24	404
Yorktown Heights, 1,200—Westchester							
Sound View School	MeDe	Indiv	23	..	..	15	5

Summary for New York:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	400	143,396	120,900	1,070,557
Related institutions	128	23,447	20,974	48,976
Totals	528	166,843	141,277	1,122,533
Refused registration	28	1,975		

NORTH CAROLINA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Albemarle, 3,695—Stanly							
Stanly General Hospital	Gen	NPAssn	26	3	49	13	540
Yadkin Hospital	Gen	NPAssn	32	4	62	15	808
Asheboro, 5,021—Randolph							
Randolph Hospital	Gen	NPAssn	36	6	63	16	750
Asheville, 50,193—Buncombe							
Ambler Heights Sanitarium	TB	Corp	25	..	..	15	53
Appalachian Hall	N&M	Corp	175	..	..	50	411
Asheville Mission Hospital[9]	Gen	NPAssn	107	16	279	57	2,024
Asheville Physiatric Institute, Wesnoca	NervConv	Indiv	20	..	..	10	58
Aston Park Hospital	Gen	NPAssn	45	6	..	31	...
Fairview Cottage Sanitarium	TB	Indiv	130	..	..	98	50
Mountain Hospital	Surg	Corp	48	1	22	24	980
St. Joseph's Sanatorium	TB	Church	96	..	..	69	77
Zephyr Hill Sanatorium	TB	Indiv	30	..	..	23	42
Badin, 3,040—Stanly							
Badin Hospital	Gen	NPAssn	26	3	16	5	361
Banner Elk, 546—Avery							
Grace Hospital[9]	Gen	Church	47	8	94	42	742
Beaufort, 2,857—Carteret							
Potter Emergency Hospital	Gen	NPAssn	12	4	35	7	254
Biltmore, 172—Buncombe							
Biltmore Hospital[9]	Gen	NPAssn	32	10	61	29	992
Black Mountain, 737—Buncombe							
Realmont Park Sanatorium	N&M	Corp	20	..	..	6	78
Cragmont Sanatorium	TB	Corp	25	..	..	16	15
Fellowship Sanatorium of the Royal League	TB	Frat	20	..	..	15	10
Brevard, 2,326—Transylvania							
Lyday Memorial Hospital	Gen	NPAssn	15	..	No data supplied		
Burlington, 9,737—Alamance							
Rainey Hospital	Gen	Corp	43	3	35	21	780
Charlotte, 82,675—Mecklenburg							
Charlotte Eye, Ear and Throat Hospital	ENT	Part	20	..	..	12	1,501
Good Samaritan Hosp. (col.)[9]	Gen	Church	62	3	102	38	1,594
Mercy Hospital[9]	Gen	Church	92	26	400	74	2,858
New Charlotte Sanitarium	Gen	Corp	77	16	29	56	2,320
Presbyterian Hospital[9]	Gen	Church	100	30	283	95	3,125
St. Peter's Hospital	Gen	Church	66	12	192	42	1,729
Cherokee, 35—Swain							
Eastern Cherokee Indian Hosp.	Gen	I A	30	4	43	12	444
Concord, 11,820—Cabarrus							
Concord Hospital	Gen	NPAssn	39	4	20	10	311
Crossnore, 181—Avery							
Garrett Memorial Hospital	Gen	NPAssn	20	7	52	9	623
Durham, 72,037—Durham							
Duke Hospital[9][10]	Gen	NPAssn	406	50	338	277	8,800
Lincoln Hospital (col.)[9][10]	Gen	NPAssn	60	9	127	68	1,788
McPherson Hospital	ENT	Indiv	25	..	..	6	849
Watts Hospital[9][10]	Gen	NPAssn	200	25	470	151	5,375
Elizabeth City, 10,637—Pasquotank							
Albemarle Hospital	Gen	NPAssn	35	6	37	25	700
Elkin, 2,257—Surry							
Hugh Chatham Memorial Hosp.	Gen	Church	36	4	68	29	1,120
Erwin, 4,000—Harnett							
Good Hope Hospital	Gen	NPAssn	32	8	80	8	564
Fayetteville, 13,049—Cumberland							
Highsmith Hospital[9]	Gen	NPAssn	120	5	114	95	2,976
Pittman Hospital[9]	Gen	NPAssn	80	10	75	61	1,741
Fletcher, 60—Henderson							
Mountain Sanitarium and Hosp.	Gen	Church	40	3	35	25	546
Ft. Bragg,—Cumberland							
Station Hospital	Gen	Army	83	5	94	71	1,293
Franklin, 1,094—Macon							
Angel Hospital	Gen	NPAssn	32	4	31	28	1,129
Gastonia, 17,093—Gaston							
City Hospital	Gen	Corp	60	8	30	18	558
Garrison General Hospital	Gen	Corp	40	6	62	13	610
North Carolina Orthopedic Hospital	Orth	State	150	..	..	151	390
Goldsboro, 14,985—Wayne							
Goldsboro Hospital	Gen	NPAssn	94	6	52	32	1,545
State Hospital (col.)	Ment	State	1,919	..	..	1,885	466
Greensboro, 53,569—Guilford							
Clinic Hospital	Gen	NPAssn	45	5	86	37	1,277
Glenwood Park Sanitarium	N&M	Indiv	25	..	..	23	308
L. Richardson Memorial Hospital (col.)[9]	Gen	NPAssn	60	4	27	25	776
St. Leo's Hospital	Gen	Church	80	6	89	50	1,781
Sternberger Children's Hosp.	Gen	NPAssn	72	4	156	59	554
Wesley Long Hospital	Gen	NPAssn	60	10	65	42	...
Greenville, 9,194—Pitt							
Pitt Community Hospital	Gen	Corp	30	4	41	17	989
Hamlet, 4,901—Richmond							
Hamlet Hospital[9]	Gen	NPAssn	47	3	26	28	840
Henderson, 6,345—Vance							
Jubilee Hospital (col.)	Gen	Church	23	4	29	17	440
Maria Parham Hospital	Gen	NPAssn	40	5	107	18	1,100
Hendersonville, 5,070—Henderson							
Patton Memorial Hospital	Gen	NPAssn	40	7	41	10	620
Hickory, 7,363—Catawba							
City Memorial Hospital	Gen	Corp	28	6	..	New	...
Richard Baker Hospital	Gen	Indiv	35	6	95	19	760
High Point, 36,745—Guilford							
Burrus Memorial Hospital[9]	Gen	NPAssn	68	7	80	40	1,960
Guilford General Hospital[9]	Gen	NPAssn	35	6	75	22	944
Huntersville, 800—Mecklenburg							
Mecklenburg Sanatorium	TB	County	102	..	..	145	157
Jamestown, 137—Guilford							
Guilford County Sanatorium	TB	County	111	..	..	108	112
Kinston, 11,362—Lenoir							
Memorial General Hospital	Gen	NPAssn	47	3	78	25	1,416
Parrott Memorial Hospital	Gen	NPAssn	55	10	..	23	...

Key to symbols and abbreviations is on page 788

NORTH CAROLINA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Laurinburg, 3,312—Scotland							
Laurinburg Hospital	Gen	NPAssn	30	3	19	14	370
Leaksville, 1,814—Rockingham							
Leaksville Hospital◊	Gen	NPAssn	30	5	33	20	1,110
Lenoir, 6,532—Caldwell							
Caldwell Hospital	Gen	NPAssn	25	2	22	12	613
Lexington, 9,652—Davidson							
Davidson Hospital	Gen	NPAssn	24	6	29	8	375
Lincolnton, 3,781—Lincoln							
Lincoln Hospital◊	Gen	Indiv	35	3	38	16	1,146
Reeves Hospital	Gen	Indiv	25	7	60	..	...
Lumberton, 4,140—Robeson							
Baker Sanatorium◊	Gen	NPAssn	75	12	233	52	1,922
Thompson Memorial Hospital◊	Gen	NPAssn	55	5	97	45	1,306
Marion, 2,467—McDowell							
Marion General Hospital	Gen	NPAssn	30	3	No data supplied		
Monroe, 6,100—Union							
Ellen Fitzgerald Hospital	Gen	NPAssn	45	5	21	11	689
Mooresville, 5,619—Iredell							
Lowrance Hospital◊	Gen	NPAssn	75	12	135	38	1,725
Morehead City, 3,483—Carteret							
Morehead City Hospital	Gen	City	28	3	67	11	387
Morganton, 6,001—Burke							
Broadoaks Sanatorium	N&M	Part	75	..	..	37	170
Grace Hospital◊	Gen	Church	49	8	163	22	1,270
State Hospital	Ment	State	2,080	..	No data supplied		
Mt. Airy, 6,045—Surry							
Martin Memorial Hospital◊	Gen	NPAssn	44	6	25	31	790
Murphy, 1,612—Cherokee							
Petrie Hospital	Gen	Indiv	21	2	8	6	470
New Bern, 11,981—Craven							
St. Luke's Hospital◊	Gen	NPAssn	31	2	No data supplied		
North Wilkesboro, 3,668—Wilkes							
Wilkes Hospital	Gen	Indiv	25	2	51	9	728
Oteen, 504—Buncombe							
Veterans Admin. Facility	TB	Vet	850	..	..	646	2,646
Oxford, 4,101—Granville							
Brantwood Hospital	Gen	NPAssn	25	5	12	10	487
Susie Clay Cheatham Memorial Hospital (col.)	Gen	NPAssn	14	2	18	8	249
Pinehurst, 55—Moore							
Moore County Hospital◊	Gen	NPAssn	34	6	67	30	1,146
Raleigh, 37,379—Wake							
Mary Elizabeth Hospital◊	Gen	Corp	32	7	81	20	712
Rex Hospital*◊	Gen	NPAssn	110	16	300	100	3,474
St. Agnes Hospital (col.)*◊	Gen	Church	90	10	100	55	910
State Hospital◊	Ment	State	2,228	..	..	2,067	752
Reidsville, 6,851—Rockingham							
Memorial Hospital	Gen	NPAssn	44	6	..	13	...
Roanoke Rapids, 3,404—Halifax							
Roanoke Rapids Hospital◊	Gen	NPAssn	77	13	233	50	1,805
Rocky Mount, 21,412—Edgecombe							
Atlantic Coast Line Hospital	Indus	NPAssn	50	..	..	31	844
Park View Hospital*◊	Gen	NPAssn	110	10	130	77	2,384
Rocky Mount Sanitarium◊	Gen	NPAssn	57	5	37	41	1,270
Rutherfordton, 2,020—Rutherford							
Rutherford Hospital◊	Gen	NPAssn	60	4	24	31	1,794
Salisbury, 16,951—Rowan							
Rowan General Hospital◊	Gen	Corp	50	10	87	37	1,056
Sanatorium, 57—Hoke							
North Carolina Sanatorium for the Treatment of Tuberculosis†◊	TB	State	480	..	..	457	662
Sanford, 4,253—Lee							
Lee County Hospital◊	Gen	County	47	8	42	20	801
Shelby, 10,789—Cleveland							
Shelby Hospital◊	Gen	CyCo	70	2	145	38	1,344
Smithfield, 2,543—Johnston							
Johnston County Hospital	Gen	NPAssn	35	10	41	19	620
Southern Pines, 2,524—Moore							
Pine-Crest Manor Sanatorium	TB	Corp	60	..	..	39	81
Southport, 1,760—Brunswick							
Brunswick County Hospital	Gen	CyCo	44	4	30	15	501
Statesville, 10,490—Iredell							
Davis Hospital*†◊	Gen	Corp	130	12	108	86	2,632
H. F. Long Hospital	Gen	NPAssn	46	4	59	35	1,412
Sylva, 1,340—Jackson							
C. J. Harris Community Hosp.	Gen	NPAssn	25	2	13	11	398
Tarboro, 6,379—Edgecombe							
Bass Memorial Hospital	Gen	Indiv	8	5	7	4	152
Edgecombe General Hospital	Gen	NPAssn	42	3	34	19	724
Thomasville, 10,090—Davidson							
City Memorial Hospital	Gen	City	30	3	17	13	611
Tryon, 1,670—Polk							
St. Luke's Hospital	Gen	NPAssn	28	3	44	7	467
Wadesboro, 3,124—Anson							
Anson Sanatorium◊	Gen	NPAssn	45	5	68	24	616
Washington, 7,035—Beaufort							
Tayloe Hospital◊	Gen	NPAssn	75	2	34	32	1,265
Waynesville, 2,414—Haywood							
Haywood County Hospital	Gen	County	65	9	82	41	1,060
Whiteville, 2,203—Columbus							
Columbus County Hospital	Gen	Indiv	17	3	..	New	...
Wilmington, 32,270—New Hanover							
Bulluck Hospital	Gen	Corp	32	3	15	9	237
Community Hospital (col.)◊	Gen	CyCo	26	4	91	22	698
James Walker Memorial Hospital*†◊	Gen	NPAssn	132	20	684	105	4,681
Wilmington Red Cross Sanit.	TB	NPAssn	36	..	..	30	29
Wilson, 12,613—Wilson							
Carolina General Hospital	Gen	NPAssn	40	10	53	19	841
Woodard-Herring Hospital◊	Gen	NPAssn	60	8	97	31	1,580
Winston-Salem, 75,274—Forsyth							
City Memorial Hospital*†◊	Gen	City	235	25	207	99	3,771
Forsyth County Sanatorium	TB	County	134	..	..	127	141
North Carolina Baptist Hosp.◊	Gen	Church	101	16	375	87	3,700
Wrightsville Sound, 23—New Hanover							
Babies Hospital	Chil	NPAssn	30	5	..	14	196
Related Institutions							
Asheville, 50,193—Buncombe							
Elmhurst Cottage Sanitarium	TB	Indiv	23	..	..	15	24
Sunset Heights	TB	Corp	35	..	..	10	44
Violet Hill Sanatorium	TB	Indiv	37	..	..	25	56
Biltmore, 172—Buncombe							
Hillcroft Sanatorium	TB	Part	50	..	..	17	69
Onteora Lodge	TB	Indiv	12	..	..	12	...
Candler, 50—Buncombe							
Pisgah Sanitarium and Hosp.	Gen	Church	32	2	7	5	237
Charlotte, 82,675—Mecklenburg							
Florence Crittenton Industrial Home	Mat	NPAssn	30	4	39	6	75
Thompson Orphanage and Training Institution	Inst	Church	12	4	..	3	170
Davidson, 1,445—Mecklenburg							
Davidson College Infirmary	Inst	NPAssn	17	..	..	3	179
Durham, 52,037—Durham							
Salvation Army Home and Hospital	Mat	Church	40	30	75	40	80
Fayetteville, 13,049—Cumberland							
Fayetteville Eye, Ear, Nose and Throat Hospital	ENT	Part	10	..	..	3	467
Halifax, 321—Halifax							
Halifax County Tuberculosis Sanitarium	TB	County	24	..	..	17	45
Henderson, 6,345—Vance							
Scott Parker Sanatorium	TB	County	14	..	No data supplied		
Kinston, 11,362—Lenoir							
Caswell Training School	MeDe	State	52	12	..	22	202
Lenoir, 6,532—Caldwell							
Dula Hospital	Gen	Indiv	12	2	16	6	200
Monroe, 6,100—Union							
Quality Hill Sanitarium (col.)	Gen	Indiv	15	4	5	4	150
North Wilkesboro, 3,668—Wilkes							
Wilkes County Tuberculosis Hut	TB	County	14	..	..	6	11
Oxford, 4,101—Granville							
Wm. J. Hicks Memorial Hosp.	Inst	Frat	72	..	..	6	92
Raleigh, 37,379—Wake							
McCauley Private Hosp. (col.)	Gen	Indiv	10	2	32	4	144
North Carolina State School for the Blind and Deaf	Inst	State	18	..	..	2	120
Saluda, 558—Polk							
Infants and Children's Sanit.	Chil	Indiv	55	..	..	18	165
Spartanburg Baby Hospital	Chil	NPAssn	36	..	..	23	...
Thomasville, 10,090—Davidson							
Mills Home Infirmary	Inst	Church	30	..	..	..	253
Washington, 7,035—Beaufort							
S. R. Fowle Memorial Hospital	Gen	NPAssn	15	2	15	10	400
Wilson, 12,613—Wilson							
Mercy Hospital (col.)	Gen	CyCo	30	2	14	18	434

Summary for North Carolina:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	126	14,660	11,305	131,222
Related institutions	22	685	376	3,397
Totals	148	15,345	11,681	134,619
Refused registration	4	158		

NORTH DAKOTA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Belcourt, 205—Rolette							
Turtle Mountain Hospital	Gen	I A	52	5	137	38	1,116
Bismarck, 11,090—Burleigh							
Bismarck Hospital◊	Gen	Church	128	12	170	90	2,701
St. Alexius Hospital◊	Gen	Church	144	12	187	107	2,621
Bottineau, 1,322—Bottineau							
St. Andrew's Hospital◊	Gen	Church	60	7	115	40	1,450
Carrington, 1,717—Foster							
Carrington Hospital	Gen	Corp	25	6	20	12	550
Devils Lake, 5,451—Ramsey							
General Hospital◊	Gen	NPAssn	45	6	50	35	1,799
Mercy Hospital◊	Gen	Church	73	12	146	50	1,943
Dickinson, 5,025—Stark							
St. Joseph's Hospital	Gen	Church	85	10	130	42	1,185
Drayton, 502—Pembina							
Drayton Hospital	Gen	NPAssn	14	2	33	10	436
Edgeley, 821—LaMoure							
Edgeley Hospital	Gen	Indiv	14	..	1	7	255
Fargo, 28,619—Cass							
St. John's Hospital*◊	Gen	Church	135	30	471	88	3,243
St. Luke's Hospital◊	Gen	Church	108	17	109	66	2,362
Veterans Admin. Facility	Gen	Vet	100	..	..	90	761
Ft. Lincoln (Bismarck P.O.),—Burleigh							
Station Hospital	Gen	Army	85	..	..	30	580
Ft. Totten, 61—Benson							
Ft. Totten Hospital	Gen	I A	31	4	51	21	911
Ft. Yates, 400—Sioux							
Standing Rock Indian Hospital	Gen	I A	36	11	55	20	732
Grafton, 3,136—Walsh							
Grafton Deaconess Hospital◊	Gen	Church	44	6	234	20	1,236
Grand Forks, 17,112—Grand Forks							
Grand Forks Deaconess Hosp.◊	Gen	NPAssn	85	25	288	58	2,862
St. Michael's Hospital◊	Gen	Church	55	15	192	38	1,672

Key to symbols and abbreviations is on page 798

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NORTH DAKOTA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Harvey, 2,157—Wells							
Good Samaritan Hospital and Sanitarium	Gen	NPAssn	40	6	62	12	500
Jamestown, 8,187—Stutsman							
North Dakota State Hospital for Insane◆	Ment	State	2,000	..	..	1,777	423
Trinity Hospital○	Gen	Church	75	12	146	54	1,935
Kenmare, 1,494—Ward							
Kenmare Deaconess Hospital	Gen	Church	45	5	77	20	673
Linton, 1,192—Emmons							
Linton Hospital	Gen	Part	16	5	25	4	96
Mandan, 5,037—Morton							
Mandan Deaconess Hospital	Gen	Church	40	6	122	44	1,587
McVille, 513—Nelson							
Community Hospital	Gen	Corp	17	4	53	6	388
Minot, 16,099—Ward							
McCannel's Private Hospital	ENT	Indiv	10	1	..	8	660
St. Joseph's Hospital○	Gen	Church	100	14	175	64	2,334
Trinity Hospital*○	Gen	Church	186	16	233	134	2,936
New Rockford, 2,195—Eddy							
Donahue Hospital	Gen	Indiv	10	3	40	4	208
Northwood, 971—Grand Forks							
Northwood Deaconess Hospital	Gen	NPAssn	26	4	57	11	460
Oakes, 1,709—Dickey							
St. Anthony's Hospital	Gen	Church	20	5	24	5	212
Rolette, 428—Rolette							
Community Hospital	Gen	NPAssn	20	6	70	10	980
Rugby, 1,512—Pierce							
Good Samaritan Hospital○	Gen	Church	55	13	209	45	1,813
San Haven,—Rolette							
North Dakota State Tuberculosis Sanatorium	TB	State	266	..	..	261	206
Valley City, 5,268—Barnes							
Mercy Hospital○	Gen	Church	87	13	140	52	1,600
Wahpeton, 3,176—Richland							
Wahpeton Hospital	Gen	Part	30	6	79	15	558
Williston, 5,106—Williams							
Good Samaritan Hospital	Gen	Church	43	7	119	38	1,378
Mercy Hospital○	Gen	Church	75	10	104	36	1,193
Related Institutions							
Ambrose, 334—Divide							
Good Samaritan Hospital	Gen	Church	15	4	24	13	595
Arvilla, 348—Grand Forks							
Grand Forks County Hospital	Inst	County	50	2	5	80	30
Bismarck, 11,090—Burleigh							
North Dakota State Penitentiary Hospital	Inst	State	65	..	..	24	264
Bowman, 868—Bowman							
Bowman Hospital	Gen	Indiv	7	6	19	3	170
Elbowoods, 130—McLean							
Ft. Berthold Indian Hospital	Gen	I A	20	5	62	12	568
Elgin, 505—Grant							
Elgin Hospital	Gen	Indiv	6	2	20	3	121
Fargo, 28,619—Cass							
Camp Maternity Hospital	Mat	Indiv	15	11	78	2	79
Cass County Hospital	Gen	County	30	3	61	18	358
Florence Crittenton Home	Mat	NPAssn	55	25	70	40	135
Grafton, 3,136—Walsh							
Grafton State School	MeDe	State	793	..	..	732	182
Grand Forks, 17,112—Grand Forks							
Grand Forks City Hospital	Iso	City	16	..	..	3	98
Jamestown, 8,187—Stutsman							
Isolation Hospital	Iso	CyCo	10	..	..	..	59
Jamestown Hospital	Gen	NPAssn	40	10	..	New	...
Mayville, 1,199—Traill							
Union Hospital	Gen	NPAssn	16	6	51	6	354
Wahpeton, 3,176—Richland							
Wahpeton Indian School Hosp.	Inst	I A	24	..	..	6	227

Summary for North Dakota:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	38	4,196	3,455	47,575
Related institutions	15	1,162	918	3,229
Totals	53	5,358	4,373	50,804
Refused registration	3	55		

OHIO

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Akron, 255,040—Summit							
Children's Hospital◆◎	Chil	NPAssn	110	..	..	81	2,813
City Hospital*◆○	Gen	NPAssn	312	38	1,112	213	6,740
Edwin Shaw Sanatorium	TB	County	208	..	..	206	176
Peoples Hospital*	Gen	NPAssn	136	20	531	78	3,351
St. Thomas Hospital*◆○	Gen	Church	146	29	573	123	4,215
Alliance, 23,047—Stark							
Alliance City Hospital○	Gen	City	85	15	169	41	1,454
Amherst, 2,844—Lorain							
Pleasant View Sanatorium	TB	County	99	..	..	95	179
Ashland, 11,141—Ashland							
Samaritan Hospital○	Gen	NPAssn	26	12	90	13	572
Ashtabula, 23,301—Ashtabula							
Ashtabula General Hospital○	Gen	NPAssn	76	14	97	44	1,128
Athens, 7,252—Athens							
Athens State Hospital	Ment	State	1,663	..	..	1,604	333
Sheltering Arms Hospital	Gen	Indiv	32	6	47	12	536
Barberton, 23,934—Summit							
Citizens Hospital	Gen	Corp	50	10	154	28	1,037

OHIO—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Barnesville, 4,602—Belmont							
Barnesville General Hospital	Gen	Corp	14	4	14	5	199
Bedford, 6,814—Cuyahoga							
Bedford Municipal Hospital	Gen	City	27	9	129	19	585
Bellaire, 13,327—Belmont							
City Hospital	Gen	NPAssn	45	5	93	27	837
Bellevue, 6,256—Huron							
Bellevue Hospital	Gen	NPAssn	29	6	61	9	340
Berea, 5,697—Cuyahoga							
Community Hospital	Gen	NPAssn	32	8	114	18	728
Bucyrus, 10,027—Crawford							
Bucyrus City Hospital	Gen	City	37	6	72	16	633
Cambridge, 14,613—Guernsey							
St. Francis Hospital	Gen	Church	25	3	9	9	282
Canton, 104,906—Stark							
Aultman Hospital○	Gen	NPAssn	137	24	351	80	2,465
Mercy Hospital*○	Gen	Church	182	32	643	120	4,161
Molly Stark Sanatorium	TB	County	167	..	..	155	276
Celina, 4,664—Mercer							
Otis Hospital	Gen	Indiv	19	4	23	5	287
Chillicothe, 18,340—Ross							
Chillicothe Hospital	Gen	NPAssn	60	6	76	30	623
Mt. Logan Sanatorium	TB	County	60	..	..	58	46
U. S. Industrial Reformatory	Inst	USPHS	96	..	..	35	928
Veterans Admin. Facility	Ment	Vet	944	..	..	1,026	338
Cincinnati, 451,160—Hamilton							
Bethesda Hospital*○	Gen	Church	227	40	691	147	5,517
Children's Hospital◆◎	Chil	Church	216	5	..	140	4,087
Christ Hospital*○	Gen	Church	321	48	571	171	5,343
Christian R. Holmes Hospital	Gen	City	50	..	..	30	907
Cincinnati General Hospital*◆○	Gen	City	860	65	1,946	764	16,236
Cincinnati Sanitarium	N&M	Corp	75	..	..	61	120
Deaconess Hospital*◆○	Gen	Church	150	25	462	112	3,958
Good Samaritan Hospital*◆○	Gen	Church	465	70	1,259	341	12,423
Grandview Hospital	N&M	Corp	40	..	..	18	94
Hamilton County Tuberculosis Sanatorium	TB	County	639	..	..	627	568
Jewish Hospital*◆○	Gen	NPAssn	225	37	641	156	5,201
Longview State Hospital◆	Ment	State	2,502	..	..	2,337	608
St. Mary Hospital*○	Gen	Church	194	23	392	134	4,043
Circleville, 7,369—Pickaway							
Berger Hospital	Gen	City	25	4	52	4	401
Cleveland, 900,429—Cuyahoga							
Babies and Childrens Hospital	Unit of University Hospitals						
Charity Hospital*◆○	Gen	Church	295	..	..	211	5,409
City Hospital*◆○	Gen	City	1,640	50	1,155	1,324	10,897
City Hospital, Psychopatic Division	Unit of City Hospital						
Cleveland Clinic Foundation Hospital	Gen	NPAssn	250	..	..	118	4,339
Cleveland State Hospital◆○	Ment	State	2,800	..	..	2,619	469
East 55th Street Hospital	Gen	Corp	60	12	No data supplied		
Evangelical Deaconess Hospital	Gen	Church	109	35	434	63	2,055
Fairview Park Hospital○	Gen	Church	95	18	369	72	2,587
Glenville Hospital○	Gen	NPAssn	88	21	290	65	2,124
Grace Hospital	Gen	NPAssn	32	..	1	16	687
Huron Road Hospital	See East Cleveland						
John H. Lowman Memorial Pavilion	Tuberculosis Unit of City Hospital						
Lakeside Hospital	Unit of University Hospitals						
Leonard C. Hanna House	Unit of University Hospitals						
Lutheran Hospital*○	Gen	Church	142	31	694	90	3,407
Maternity Hospital	Unit of University Hospitals						
Mt. Sinai Hospital*◆○	Gen	NPAssn	225	45	597	147	6,734
Polyclinic Hospital	Gen	NPAssn	85	20	237	260	2,059
Provident Hospital	Gen	NPAssn	25	12	106	5	197
St. Alexis Hospital*◆○	Gen	Church	220	..	..	133	4,000
St. Ann's Maternity Hospital	Mat	Church	50	50	993	28	1,114
St. John's Hospital*◆○	Gen	Church	172	32	684	137	4,043
St. Luke's Hospital*◆○	Gen	Church	337	55	1,085	209	7,602
Shaker Sanitarium	N&M	Corp	110	..	..	87	90
U. S. Marine Hospital	Gen	USPHS	251	..	..	167	1,700
University Hospitals*◆○	Gen	NPAssn	813	100	1,878	462	13,708
Windsor Hospital	N&M	Corp	110	..	..	98	129
Woman's Hospital*	Gen	NPAssn	80	31	360	43	1,600
Columbus, 290,564—Franklin							
Children's Hospital◆◎	Chil	NPAssn	88	12	..	74	3,021
Columbus Radium Hospital	Gen	NPAssn	35	5	121	19	712
Columbus State Hospital◆	Ment	State	2,900	..	..	2,853	697
Franklin County Sanatorium	TB	County	210	..	..	198	200
Dr. Gaver Sanitarium	N&M	Indiv	25	..	..	12	120
Grant Hospital*○	Gen	NPAssn	273	30	474	155	5,265
McMillen Sanitarium	N&M	Corp	35	..	..	20	124
Mercy Hospital○	Gen	NPAssn	65	15	166	50	1,830
Mt. Carmel Hospital*○	Gen	Church	214	25	341	118	3,658
St. Ann's Infant Asylum and Maternity Hospital	Mat	Church	25	25	379	8	396
St. Anthony's Hospital	Gen	Church	220	..	..	200	557
St. Clair Hospital	Gen	NPAssn	30	4	11	10	301
St. Francis Hospital*○	Gen	Church	158	..	..	120	3,122
Starling-Loving University Hospital*◆○	Gen	State	253	27	443	168	4,808
Station Hospital	Gen	Army	180	4	20	90	1,181
White Cross Hospital*○	Gen	Church	246	28	634	141	5,033
Conneaut, 9,691—Ashtabula							
Brown Memorial Hospital	Gen	NPAssn	30	5	68	16	629
Coshocton, 10,908—Coshocton							
Coshocton City Hospital○	Gen	City	36	8	79	23	1,143
Crestline, 4,425—Crawford							
Crestline Emergency Hospital	Gen	NPAssn	16	4	25	4	175
Cuyahoga Falls, 19,797—Summit							
Fair Oaks Villa	N&M	Corp	55	..	..	40	168
Dayton, 200,982—Montgomery							
Dayton State Hospital	Ment	State	1,616	..	..	1,504	518
Good Samaritan Hospital*○	Gen	Church	200	50	401	84	2,741
Miami Valley Hospital*◆○	Gen	NPAssn	327	44	833	212	6,703

Key to symbols and abbreviations is on page 798

OHIO—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
St. Ann's Maternity Hospital..	Unit of St. Elizabeth Hospital						
St. Elizabeth Hospital†◇.....	Gen	Church	365	35	954	212	4,627
Stillwater Sanatorium	TB	County	94	..	..	94	98
Veterans Admin. Facility.....	Gen	Vet	1,114	..	..	882	4,923
Defiance, 8,818—Defiance							
Defiance Hospital	Gen	NPAssn	24	5	30	19	327
Dennison, 4,529—Tuscarawas							
Twin City Hospital.....	Gen	NPAssn	30	4	33	10	455
Dover, 9,716—Tuscarawas							
Union Hospital	Gen	NPAssn	85	10	75	29	956
East Cleveland, 39,667—Cuyahoga							
Huron Road Hospital†◇.....	Gen	NPAssn	202	30	356	82	2,497
East Liverpool, 23,229—Columbiana							
East Liverpool City Hospital†	Gen	City	80	10	180	47	1,479
Elyria, 25,633—Lorain							
Elyria Clinic Hospital.....	Gen	NPAssn	22	4	18	7	234
Elyria Memorial Hospital†....	Gen	NPAssn	154	29	435	83	2,222
Gates Hospital for Crippled Children	Unit of Elyria Memorial Hospital						
Findlay, 19,363—Hancock							
Home and Hospital.....	Gen	City	63	12	150	22	1,015
Fremont, 15,422—Sandusky							
Community Hospital	Gen	Indiv	12	4	13	5	177
Memorial Hospital of Sandusky County	Gen	NPAssn	51	9	187	28	904
Galion, 7,674—Crawford							
Good Samaritan Hospital....	Gen	NPAssn	12	3	25	5	293
Gallipolis, 7,106—Gallia							
Holzer Hospital†	Gen	Part	51	4	52	37	1,722
Ohio Hospital for Epileptics..	Epil	State	2,131	..	..	2,148	209
Green Springs, 750—Sandusky and Seneca							
Oak Ridge Sanatorium.....	TB	Corp	100	..	..	50	142
Greenville, 7,836—Darke							
Greenville Hospital	Gen	County	28	4	54	18	680
Hamilton, 52,176—Butler							
Fort Hamilton Hospital.....	Gen	NPAssn	85	24	286	53	1,433
Mercy Hospital†◇	Gen	Church	195	25	413	91	2,800
Hillsboro, 4,640—Highland							
Hillsboro Hospital	Gen	NPAssn	13	4	30	6	312
Ironton, 16,621—Lawrence							
Charles S. Gray Deaconess Hospital	Gen	Church	28	5	62	19	680
Marting Hospital	Gen	Corp	25	5	42	15	640
Kenton, 7,009—Hardin							
McKitrick Hospital	Gen	NPAssn	21	5	24	21	536
San Antonio Hospital.....	Gen	Church	30	4	17	12	380
Lakewood, 70,509—Cuyahoga							
Lakewood City Hospital†◇.....	Gen	City	67	16	208	52	3,419
Lima, 42,487—Allen							
District Tuberculosis Hospital.	TB	County	129	..	..	104	113
Lima Memorial Hospital†.....	Gen	NPAssn	126	15	304	82	2,941
Lima State Hospital.....	Ment	State	1,182	..	..	1,118	147
St. Rita's Hospital†◇.....	Gen	Church	100	16	175	62	1,891
Lodi, 1,573—Medina							
Lodi Hospital	Gen	NPAssn	18	5	90	10	462
Logan, 6,080—Hocking							
Cherrington Hospital	Gen	Part	35	4	20	14	478
Lorain, 44,513—Lorain							
St. Joseph's Hospital.....	Gen	Church	100	20	335	52	2,009
Mansfield, 33,225—Richland							
Mansfield General Hospital†◇...	Gen	NPAssn	102	14	258	76	2,691
Marietta, 14,285—Washington							
Marietta Memorial Hospital...	Gen	NPAssn	54	10	131	30	1,152
Marion, 31,564—Marion							
Marion City Hospital	Gen	City	58	12	120	29	1,078
Sawyer Sanatorium	N&M	Part	40	..	..	23	108
Martins Ferry, 14,525—Belmont							
Martins Ferry Hospital†◇.....	Gen	NPAssn	80	10	178	60	2,467
Massillon, 26,600—Stark							
Massillon City Hospital†◇.....	Gen	NPAssn	96	12	274	53	2,155
Massillon State Hospital.....	Ment	State	3,015	..	..	2,502	676
McConnelsville, 1,754—Morgan							
Rocky Glen Sanatorium.....	TB	Corp	120	..	..	120	138
Mentor, 1,586—Lake							
Dellhurst Sanitarium	N&M	Corp	150	..	..	84	68
Middletown, 29,062—Butler							
Middletown Hospital†	Gen	NPAssn	67	14	415	57	2,024
Mt. Vernon, 9,570—Knox							
Mercy Hospital	Gen	Church	38	10	102	19	660
Mt. Vernon Hospital Sanitarium	Gen	NPAssn	50	8	52	17	685
Ohio State Sanatorium◇.....	TB	State	240	..	..	220	520
Newark, 30,356—Licking							
Licking County Tuberculosis Sanatorium	TB	County	50	..	..	45	66
Newark Hospital†◇	Gen	NPAssn	93	16	210	51	1,664
North Royalton (Brecksville P.O.), Cuyahoga							
Mount Royal Sanatorium.....	TB	Corp	92	..	..	90	116
Norwalk, 7,776—Huron							
Norwalk Memorial Hospital....	Gen	NPAssn	28	7	103	16	560
Oberlin, 4,295—Lorain							
Allen Hospital Oberlin College.	Gen	NPAssn	36	5	52	13	918
Oxford, 2,586—Butler							
Oxford Retreat	N&M	Corp	30	..	..	15	15
Perrysburg, 3,182—Wood							
Community Hospital	Gen	Indiv	13	3	30	6	285
Rheinfrank Hospital	Goiter	Indiv	13	..	..	6	235
Piqua, 16,009—Miami							
Memorial Hospital	Gen	NPAssn	54	6	178	34	1,290
Pt. Clinton, 4,426—Ottawa							
Pool Hospital	Gen	Indiv	14	3	18	10	284
Portsmouth, 42,560—Scioto							
Mercy Hospital†	Gen	Church	66	9	157	46	1,796
Portsmouth General Hospital†	Gen	City	80	10	145	42	1,446
Scharrman Hospital†	Gen	NPAssn	30	6	44	20	998

OHIO—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Ravenna, 8,019—Portage							
Robinson Memorial Hospital...	Gen	County	42	8	128	33	1,256
St. Clairsville, 2,440—Belmont							
Belmont Sanatorium	TB	County	56	..	..	50	56
Salem, 10,622—Columbiana							
Central Clinic and Hospital....	Gen	Corp	30	6	30	17	531
Salem City Hospital†◇.....	Gen	NPAssn	48	12	165	24	1,076
Sandusky, 24,622—Erie							
Good Samaritan Hospital†◇....	Gen	NPAssn	56	9	146	30	966
Providence Hospital	Gen	Church	60	15	199	30	1,113
Shelby, 6,198—Richland							
Shelby Memorial Hospital.....	Gen	NPAssn	27	5	95	14	491
Sidney, 9,301—Shelby							
Wilson Memorial Hospital.....	Gen	NPAssn	23	5	67	11	421
South Euclid, 4,250—Cuyahoga							
Rainbow Hospital for Crippled and Convalescent Children...	Unit of University Hospitals, Cleveland						
Springfield, 68,743—Clark							
Clark County Tuberculosis Sanatorium	TB	County	120	..	..	113	122
Springfield City Hospital†◇...	Gen	City	256	40	672	120	3,250
Steubenville, 35,422—Jefferson							
Gill Memorial Hospital.....	Gen	Church	28	2	41	17	765
Ohio Valley Hospital†.....	Gen	NPAssn	115	10	301	83	2,975
Tiffin, 16,428—Seneca							
Mercy Hospital	Gen	Church	35	8	67	21	687
Toledo, 290,718—Lucas							
East Side Hospital.....	Gen	NPAssn	37	4	92	18	696
Flower Hospital†◇	Gen	Church	100	25	343	92	2,464
Lucas County General Hosp.†◇	Gen	County	282	33	532	209	4,347
Lucas County Tuberculosis Hospital	TB	County	100	..	..	158	199
Mercy Hospital†◇	Gen	Church	107	25	282	64	2,070
Robinwood Hospital†◇.....	Gen	Church	91	13	126	39	1,089
St. Vincent Hospital†◇.....	Gen	Church	200	45	640	226	5,277
Toledo Hospital†◇	Gen	NPAssn	230	25	533	72	2,312
Toledo Sanitarium	N&M	Corp	20	..	..	5	101
Toledo State Hospital†◇.....	Ment	State	2,500	..	..	2,518	672
Women's and Children's Hospital†◇	Gen	NPAssn	113	28	440	70	2,302
Troy, 8,675—Miami							
Stouder Memorial Hospital....	Gen	City	44	8	90	18	1,109
Urbana, 7,742—Champaign							
Champaign County Hospital...	Gen	County	37	12	45	12	355
Van Wert, 8,472—Van Wert							
Van Wert County Hospital....	Gen	NPAssn	44	6	80	23	530
Wadsworth, 5,939—Medina							
Wadsworth Memorial Hospital	Gen	City	25	12	84	13	591
Warren, 41,062—Trumbull							
St. Joseph's Riverside Hospital	Gen	Church	40	10	263	41	1,710
Trumbull County Tuberculosis Sanatorium	TB	County	48	..	..	48	74
Warren City Hospital†◇.....	Gen	NPAssn	107	18	230	58	1,910
Warrensville, 1,507—Cuyahoga							
Sunny Acres, Cleveland Tuberculosis Sanatorium◇	TB	City	462	..	..	430	518
Wauseon, 2,880—Fulton							
De Ette Harrison Detwiler Memorial Hospital	Gen	NPAssn	46	7	63	39	882
Willard, 4,514—Huron							
Willard Municipal Hospital....	Gen	City	24	6	58	10	396
Wilmington, 5,332—Clinton							
Dr. Kelley Hale Surgical Hosp..	Gen	Indiv	16	7	9	..	206
Wooster, 10,742—Wayne							
Kinney and Knestrick Hospital	Gen	Corp	25	5	No data supplied		
Wooster Hospital	Gen	Indiv	29	2	7	10	261
Worthington, 1,239—Franklin							
Harding Sanitarium	N&M	Corp	36	..	..	23	192
Xenia, 10,507—Greene							
McClellan Hospital	Gen	Corp	22	4	39	12	401
Youngstown, 170,002—Mahoning							
Mahoning Tuberculosis Sanat..	TB	County	116	..	..	115	130
St. Elizabeth's Hospital†◇....	Gen	Church	228	33	585	128	4,280
Youngstown Hospital†◇	Gen	NPAssn	376	74	560	270	6,477
Zanesville, 30,440—Muskingum							
Bethesda Hospital†	Gen	NPAssn	115	20	306	72	2,586
Good Samaritan Hospital†.....	Gen	Church	125	20	256	67	2,065
Related Institutions							
Akron, 255,040—Summit							
Akron Clinic	Gen	Part	10	..	..	5	517
Goodyear Hospital and Dispensary	Indus	Corp	25	..	..	4	134
Apple Creek, 450—Wayne							
Institution for Feebleminded..	MeDe	State	469	..	..	441	42
Barnesville, 4,602—Belmont							
Community Hospital	Gen	NPAssn	16	2	8	7	309
Bay Village, 2,294—Cuyahoga							
Cedarcrest Sanitarium	N&M	Corp	75	..	..	60	67
Bellefontaine, 9,545—Logan							
Harbert Hospital	ENT	Indiv	6	..	..	1	53
Bluffton, 2,035—Allen							
Bluffton Community Hospital..	Gen	NPAssn	9	3	45	7	245
Cambridge, 14,615—Guernsey							
Children and Maternity Hosp.	Mat	Corp	12	7	..	5	....
Swan Hospital	Gen	NPAssn	35	4	1	11	459
Celina, 4,664—Mercer							
Gibbons Hospital	Gen	Indiv	14	4	25	9	380
Cincinnati, 451,160—Hamilton							
Catherine Booth Home and Hospital	Mat	Church	10	10	76	6	218
Child Guidance Home.....	MeDe	NPAssn	15	..	..	11	125
Children's Convalescent Home.	Inst	NPAssn	100	..	..	79	310
Children's Home	Inst	NPAssn	38	..	..	10	560
Evangeline Booth Home and Hospital	Mat	Church	22	16	30	3	119

Key to symbols and abbreviations is on page 798

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OHIO—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Hamilton County Home and Chronic Disease Hospital	GenInst	County	189	..	..	170	565
Home for Incurables	Inc	NPAssn	72	..	..	70	15
Jewish Convalescent Home	Conv	NPAssn	100	..	..	..	500
Maple Knoll Hospital and Home for the Friendless	Mat	NPAssn	85	15	129	50	165
Ophthalmic Hospital	ENT	Indiv	10	..	..	2	182
Ridge Rest Home	N&M	Corp	35	..	..	20	65
St. Francis Hospital for Incurables	Inc	Church	322	..	..	256	159
St. Joseph Maternity Hospital and Infant Asylum	Mat	Church	150	30	102	6	102
Cleveland, 900,429—Cuyahoga							
Booth Memorial Home and Hospital	Mat	Church	13	12	314	11	322
Children's Fresh Air Camp and Hospital	Conv	NPAssn	60	..	..	58	226
Convalescent Tuberculosis Hospital	TB	City	48	..	..	44	65
Emergency Hospital	Emer	Part	20	..	..	10	385
Florence Crittenton Home	Mat	NPAssn	15	13	15	8	17
Jewish Orphan's Home	Inst	Frat	40	..	..	7	585
Columbus, 290,564—Franklin							
Florence Crittenton Home	Mat	NPAssn	28	24	52	30	60
Franklin County Home	Inst	County	125	..	6	124	163
Institution for Feebleminded	MeDe	State	2,100	..	..	2,064	309
Ohio Penitentiary Hospital	Inst	State	187	..	..	100	4,872
Sanor Eye, Ear, Nose and Throat Hospital	ENT	Indiv	15	..	..	..	188
Covington, 1,807—Miami							
Covington Hospital	Gen	Indiv	6	2	2	..	57
Delaware, 8,675—Delaware							
Girls' Industrial School Hosp.	Inst	State	32	..	..	16	320
Euclid, 12,751—Cuyahoga							
Ream Sanitarium	Conv	Corp	80	..	..	50	53
Rose-Mary Home	Orth	Church	24	..	..	22	18
Fairfield, 1,240—Greene							
Station Hospital	Gen	Army	25	..	..	..	19
Granville, 1,467—Licking							
Whisler Hall Memorial Hosp.	Inst	NPAssn	20	..	..	5	288
Greenfield, 3,871—Highland							
Greenfield Hospital	Gen	NPAssn	15	3	..	5	106
Hamilton, 52,176—Butler							
Ruth Hospital	Inst	NPAssn	15	..	..	5	...
Hicksville, 2,445—Defiance							
Amsden Hospital	Gen	Indiv	7	3	3	2	78
Lancaster, 18,716—Fairfield							
Boy's Industrial School Hosp.	Inst	State	100	..	..	30	1,008
Lebanon, 3,222—Warren							
Blair Brothers Hospital	Gen	Part	8	3	28	5	212
Mansfield, 33,525—Richland							
Ohio State Reformatory	Inst	State	91	..	..	45	1,733
Thomas Sanatorium	N&M	Indiv	18	..	..	4	7
Marysville, 3,639—Union							
Ohio Reformatory for Women	Inst	State	36	5	6	6	278
Mt. Vernon, 9,370—Knox							
Avalon Sanatorium	TB	Indiv	36	..	..	20	...
Munroe Falls, 302—Summit							
Summit County Hospital	Inst	County	100	..	..	80	460
Napoleon, 4,545—Henry							
S. M. Heller Memorial Hospital	Gen	City	14	3	4	5	239
New London, 1,527—Huron							
New London Hospital	Gen	NPAssn	9	3	17	3	141
Orient, 255—Pickaway							
Institution for Feebleminded	MeDe	State	2,540	..	..	2,529	121
Oxford, 2,588—Butler							
Miami University Student Hosp.	Inst	State	24	..	..	9	990
Reynoldsburg, 562—Franklin							
Nightingale Cottage	TBChil	NPAssn	30	..	..	27	30
Springfield, 68,743—Clark							
Ohio Rebekah Hospital	Inst	Frat	75	..	..	47	282
Rickly Memorial Hospital	Inst	Frat	283	..	..	238	86
Springfield Eye, Ear, Nose and Throat Hospital	ENT	Indiv	6	2	..	..	148
State Soldiers Home,—Erie							
Ohio Soldiers and Sailors Home Hospital	Inst	State	217	..	..	101	559
Tiffin, 16,428—Seneca							
Kentucky Memorial Hospital	Inst	Frat	50	..	..	16	1,400
Toledo, 290,718—Lucas							
Lucas County Hospital Annex	Chr	County	110	..	..	108	138
Municipal Hospital for Contagious Diseases	Iso	City	44	8	..	10	240
Warrensville, 1,507—Cuyahoga							
Cleveland City Infirmary	MentInst	City	169	..	..	165	580
Wickliffe, 2,491—Lake							
Ridge-Cliff Sanitarium	N&M	Corp	80	..	..	65	29
Wooster, 10,742—Wayne							
Hygeia Hall	Inst	NPAssn	25	..	..	4	333
Xenia, 10,507—Greene							
Ohio Soldiers' and Sailors' Orphans' Home Hospital	Inst	State	70	..	..	29	1,549
Yellow Springs, 1,427—Greene							
Antioch College Infirmary	Inst	NPAssn	10	..	..	4	356
Youngstown, 170,002—Mahoning							
Youngstown Municipal Hosp.	Iso	City	65	..	..	2	56

Summary for Ohio:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	189	43,756	36,081	326,755
Related institutions	64	8,798	7,346	25,030
Totals	253	52,554	43,427	351,785
Refused registration	29	683		

OKLAHOMA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Ada, 11,261—Pontotoc							
Ada Hospital	Gen	Corp	30	6	34	7	693
Breco's Memorial Hospital	Gen	NPAssn	20	2	50	7	468
Altus, 8,439—Jackson							
City Hospital	Gen	City	20	2	18	5	300
Alva, 5,121—Woods							
Alva General Hospital	Gen	City	30	6	52	20	770
Anadarko, 5,036—Caddo							
Anadarko Hospital	Gen	Indiv	22	3	30	13	590
Ardmore, 15,741—Carter							
Hardy Sanitarium	Gen	Indiv	44	8	75	16	709
Von Keller Hospital and Clinic	Gen	NPAssn	25	2	50	9	354
Bartlesville, 14,763—Washington							
Washington County Memorial Hospital	Gen	County	50	10	163	19	918
Beaver, 1,028—Beaver							
Beaver Hospital	Gen	Part	25	3	25	6	331
Blackwell, 9,521—Kay							
Blackwell Hospital	Gen	NPAssn	25	3	51	7	285
Leslie Sanatorium	Gen	Indiv	20	5	78	9	508
Butler, 473—Custer							
Sunnyside Hospital	Gen	Indiv	12	2	11	11	308
Cherokee, 2,236—Alfalfa							
Masonic Hospital	Gen	Frat	50	7	58	20	704
Chickasha, 14,099—Grady							
Chickasha Hospital◇	Gen	Part	64	6	39	18	856
Cottage Hospital	Gen	Indiv	10	3	26	9	356
General Hospital	Gen	NPAssn	20	3	56	5	468
Claremore, 3,720—Rogers							
Claremore Indian Hospital	Gen	I A	40	8	111	38	782
Clinton, 7,512—Custer							
Clinton Indian Hospital	Gen	I A	29	5	21	10	529
West Oklahoma Baptist Hosp.◇	Gen	Church	75	10	26	25	1,325
Western Oklahoma Tuberculosis Sanatorium	TB	State	227	..	..	218	422
Concho, 290—Canadian							
Cheyenne and Arapaho Hosp.	Gen	I A	50	4	50	24	730
Cordell, 2,936—Washita							
Florence Hospital	Gen	Indiv	30	2	20	5	236
Cushing, 9,301—Payne							
Masonic Hospital	Gen	Frat	25	4	46	15	493
Duncan, 8,363—Stephens							
Weedn Hospital◇	Gen	Indiv	40	6	25	15	682
Durant, 7,463—Bryan							
Coker Hospital	Gen	Indiv	8	2	24	4	206
Durant Hospital	Gen	Corp	30	4	28	11	542
Elk City, 5,666—Beckham							
Standifer Hospital	Gen	Indiv	20	2	No data supplied		
Tisdal Hospital	Gen	Part	55	8	..	15	...
El Reno, 9,384—Canadian							
Catto Hospital	Gen	Indiv	18	3	18	7	246
El Reno Sanitarium	Gen	Corp	51	4	36	16	629
U. S. Southwestern Reformatory	Inst	USPHS	40	..	..	24	629
Enid, 23,399—Garfield							
Baptist Hospital◇	Gen	Church	50	24	110	20	957
Enid General Hospital◇	Gen	NPAssn	75	10	No data supplied		
Enid Springs Sanitarium and Hospital◇	Gen	Indiv	35	4	75	21	824
Erick, 2,231—Beckham							
Erick Hospital	Gen	NPAssn	20	3	25	6	150
Ft. Sill, 3,479—Comanche							
Station Hospital	Gen	Army	304	5	115	191	5,736
Frederick, 4,568—Tillman							
Frederick Clinic Hospital	Gen	Part	12	3	30	8	385
Spurgeon, Arrington and Allen Hospital and Clinic	Gen	Corp	17	..	37	5	306
Grandfield, 1,416—Tillman							
Grandfield Hospital	Gen	Indiv	15	2	64	4	210
Guthrie, 9,582—Logan							
Cimarron Valley Wesley Hosp.	Gen	NPAssn	37	7	76	16	618
Duke Sanitarium	N&M	Corp	35	..	..	13	125
Henryetta, 7,694—Okmulgee							
Henryetta Hospital	Gen	Indiv	15	2	28	7	446
Keystone Hospital	Gen	Indiv	14	2	No data supplied		
Hobart, 4,982—Kiowa							
General Hospital	Gen	Part	18	4	84	6	486
Holdenville, 7,268—Hughes							
Holdenville General Hospital	Gen	Indiv	25	4	22	9	391
Hollis, 2,914—Harmon							
Hollis Hospital	Gen	Indiv	16	4	17	9	420
Hominy, 3,485—Osage							
Hominy City Hospital	Gen	Indiv	16	3	49	3	269
Lawton, 12,121—Comanche							
Kiowa Indian Hospital	Gen	I A	93	20	179	97	1,973
Southwestern Hospital	Gen	Part	25	4	30	4	307
Mangum, 4,806—Greer							
Border Hospital and Clinic	Gen	Part	50	4	..	15	...
Marlow, 3,084—Stephens							
Weedn Hospital	Gen	Indiv	25	4	No data supplied		
Maud, 4,326—Seminole							
Maud Hospital	Gen	Indiv	18	3	..	4	...
McAlester, 11,804—Pittsburg							
Albert Pike Hospital	Gen	Frat	55	6	58	16	856
St. Mary's Infirmary	Gen	Church	20	3	30	10	486
Miami, 8,064—Ottawa							
Miami Baptist Hospital	Gen	Church	48	8	35	12	513
Muskogee, 32,026—Muskogee							
Muskogee Provident Hosp. (col.)	Gen	City	20	2	4	8	111
Oklahoma Baptist Hospital	Gen	Church	85	12	277	40	1,507
Veterans Admin. Facility	Gen	Vet	443	..	..	408	3,336
Norman, 9,603—Cleveland							
Central Oklahoma State Hosp.	Ment	State	2,300	..	..	2,370	1,304
Oklahoma City, 185,389—Oklahoma							
Farm Sanatorium	TB	Indiv	52	..	..	17	146
Great Western Hospital (col.)	Gen	Corp	25	2	4	15	140

Key to symbols and abbreviations is on page 796

OKLAHOMA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Oklahoma City General Hospital*◇	Gen	Corp	86	12	217	76	3,222
Polyclinic Hospital	Gen	Indiv	73	6	154	41	1,614
Reconstruction Hospital and McBride Clinic	Orth	Part	25	..	..	9	239
St. Anthony Hospital*◇	Gen	Church	300	40	1,126	207	7,667
Samaritan Hospital	Gen	Corp	48	6	139	26	590
State University Hospital and Cripped Children's Hosp.*◇	Gen	State	485	17	405	447	5,600
Wesley Hospital*◇	Gen	Part	150	25	492	87	3,846
Okmulgee, 17,097—Okmulgee							
Okmulgee City Colored Hosp.	Gen	City	20	1	3	..	...
Okmulgee City Hospital◇	Gen	City	60	6	153	19	934
Pauls Valley, 4,255—Garvin							
Lindsey-Johnson Hospital	Gen	Part	10	2	44	..	122
Pawhuska, 5,951—Osage							
Pawhuska Municipal Hospital	Gen	City	31	4	40	9	382
Pawnee, 2,362—Pawnee							
Pawnee-Ponca Hospital	Gen	I A	48	12	106	35	1,050
Picher, 7,773—Ottawa							
American Hospital	Gen	Indiv	40	2	..	7	...
Picher Hospital	Gen	Part	16	2	18	4	377
Ponca City, 16,136—Kay							
Ponca City Hospital◇	Gen	Church	50	12	238	35	1,816
Prague, 1,250—Lincoln							
Redbud Hospital	Gen	Indiv	10	3	15	4	198
Seminole, 11,459—Seminole							
Harber Hospital	Gen	Corp	22	2	No data supplied		
Shattuck, 1,466—Ellis							
Shattuck Hospital	Gen	Indiv	48	6	188	17	877
Shawnee, 23,283—Pottawatomie							
A. C. H. Hospital	Gen	Part	25	5	138	10	654
Shawnee Indian Sanatorium	TB	I A	150	..	..	127	174
Shawnee Municipal Hospital	Gen	City	75	8	164	39	1,180
Sulphur, 4,242—Murray							
Soldiers Tubercular Sanatorium	TB	State	136	..	..	121	508
Sulphur Sanitarium	Gen	Part	20	2	9	6	175
Supply, 230—Woodward							
Western Oklahoma Hospital	Ment	State	1,350	..	..	1,300	420
Taft, 600—Muskogee							
State Hospital for Negro Insane	Ment	State	650	..	..	616	239
Talihina, 1,032—Le Flore							
Choctaw-Chickasaw Sanat.	TB	I A	75	..	..	70	136
Eastern Oklahoma State Tuberculosis Sanatorium	TB	State	265	..	..	260	302
Thomas, 1,256—Custer							
Thomas Hospital	Gen	Indiv	20	2	16	5	141
Tonkawa, 3,511—Kay							
Tonkawa Hospital	Gen	Indiv	20	4	14	2	129
Tulsa, 141,258—Tulsa							
Flower Hospital	Gen	Corp	50	12	281	12	844
Morningside Hospital*◇	Gen	Corp	225	25	565	144	5,336
Municipal Hospital No. 2 (col.)	Gen	County	50	6	No data supplied		
Oakwood Sanitarium	N&M	Corp	36	..	..	30	284
St. John's Hospital◇	Gen	Church	270	25	552	127	4,482
Shaler Clinic-Hospital	Orth	Indiv	105	2	..	15	300
Vinita, 4,265—Craig							
Eastern Oklahoma Hospital	Ment	State	2,526	..	..	2,447	605
Vinita Hospital	Gen	Corp	15	3	28	8	305
Waurika, 2,308—Jefferson							
Waurika Hospital	Gen	Corp	24	3	10	10	386
Wewoka, 10,491—Seminole							
Knight Hospital	Gen	Corp	20	4	No data supplied		
Wewoka Hospital	Gen	Corp	25	4	58	9	250
Woodward, 5,856—Woodward							
Woodward General Hospital	Gen	NPAssn	50	4	..	6	...
Related Institutions							
Chilocco, 280—Kay							
Chilocco Indian School Hosp.	Gen	I A	47	1	..	6	410
Durant, 7,463—Bryan							
Bryan County Hospital	Gen	Indiv	10	1	1	2	84
Enid, 25,296—Garfield							
Northern Oklahoma Hospital	McDe	State	922	..	..	799	173
Fairfax, 2,134—Osage							
Fairfax Hospital	Gen	Corp	15	2	32	4	247
Ft. Reno (Ft Reno P.O.)—Canadian							
Station Hospital	Gen	Army	12	..	..	..	61
McAlester, 11,804—Pittsburg							
Oklahoma State Prison Hosp.	Inst	State	50	..	..	30	1,113
Nowata, 3,521—Nowata							
Nowata Hospital	Gen	Indiv	14	2	56	6	122
Okeene, 1,025—Blaine							
Okeene Hospital	Gen	Indiv	10	2	11	2	50
Oklahoma City, 185,389—Oklahoma							
Home of Redeeming Love	Mat	Church	22	30	165	9	194
Ryan, 1,258—Jefferson							
Ryan Hospital	Gen	Indiv	10	3	72	8	243
Stillwater, 7,616—Payne							
Agriculture and Mechanical College Infirmary	Inst	State	50	..	..	6	560
Tahlequah, 2,945—Cherokee							
Sequoyah Training School Hospital	Inst	I A	12	..	..	2	115
Tahlequah Hospital	Gen	Indiv	10	2	No data supplied		
Watonga, 2,726—Blaine							
Watonga Hospital	Gen	Indiv	10	1	6	3	70

Summary for Oklahoma:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	102	12,726	10,266	87,320
Related institutions	14	1,102	875	3,991
Totals	116	13,828	11,261	91,311
Refused registration	18	429		

OREGON

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Albany, 5,325—Linn							
Albany General Hospital	Gen	NPAssn	50	7	96	19	702
Ashland, 4,544—Jackson							
Community Hospital	Gen	City	18	3	27	9	413
Astoria, 10,349—Clatsop							
Columbia Hospital	Gen	Church	91	12	146	42	1,881
St. Mary Hospital◇	Gen	Church	110	15	72	52	1,525
Baker, 7,858—Baker							
Protestant Hospital	Gen	Church	22	4	51	14	438
St. Elizabeth Hospital◇	Gen	Church	86	20	90	38	1,469
Bend, 8,848—Deschutes							
St. Charles Hospital	Gen	Church	36	10	106	22	870
Burns, 2,586—Harney							
Valley View Hospital	Gen	Indiv	21	3	..	6	...
Corvallis, 7,585—Benton							
Corvallis General Hospital	Gen	NPAssn	40	6	103	17	767
Dallas, 2,975—Polk							
Dallas Hospital	Gen	Corp	24	4	36	10	365
Enterprise, 1,379—Wallowa							
Enterprise Hospital	Gen	Corp	18	3	12	5	279
Eugene, 18,901—Lane							
Pacific Hospital	Gen	NPAssn	78	16	315	50	1,840
Grants Pass, 4,886—Josephine							
Josephine General Hospital	Gen	County	30	6	..	14	...
Hood River, 2,757—Hood River							
Hood River Hospital	Gen	NPAssn	40	6	70	16	760
Klamath Agency, 163—Klamath							
Klamath Indian Hospital	Gen	I A	41	2	28	9	316
Klamath Falls, 10,503—Klamath							
Hillside Hospital	Gen	Corp	50	10	98	26	1,269
Klamath Valley Hospital	Gen	Indiv	56	14	200	25	1,200
Medford, 11,087—Jackson							
Sacred Heart Hospital	Gen	Church	70	8	86	32	1,050
Milwaukie, 1,067—Clackamas							
Portland Open Air Sanatorium	TB	NPAssn	45	..	..	32	116
Myrtle Point, 1,302—Coos							
Mast and Wilson Hospital	Gen	Indiv	18	6	24	17	419
North Bend, 4,012—Coos							
Kelzer Brothers Hospital	Gen	Corp	68	10	116	32	1,263
Mercy Hospital	Gen	Church	50	4	46	20	430
Ontario, 1,941—Malheur							
Holy Rosary Hospital	Gen	Church	35	5	58	24	728
Oregon City, 5,761—Clackamas							
Oregon City Hospital	Gen	Corp	32	8	115	35	976
Pendleton, 6,021—Umatilla							
Eastern Oregon State Hosp.	Ment	State	1,350	..	..	1,314	227
St. Anthony's Hospital◇	Gen	Church	80	17	128	42	1,276
Portland, 301,815—Multnomah							
Doernbecher Memorial Hospital for Children*◇	Chil	State	75	..	..	68	2,385
Emanuel Hospital*◇	Gen	Church	220	50	860	186	6,139
Good Samaritan Hospital*◇	Gen	Church	310	30	451	164	7,881
Juvenile Hospital for Girls	Ven	NPAssn	100	8	22	67	96
Morningside Hospital	Ment	Corp	228	..	..	205	40
Mountain View Sanitarium	N&M	Indiv	16	..	..	12	...
Multnomah Hospital*◇	Gen	County	300	30	765	274	5,109
Portland Convalescent Hosp.	Conv	Indiv	25	..	..	10	129
Portland Medical Hospital	Gen	Corp	64	..	..	24	521
Portland Sanitarium and Hospital◇	Gen	Church	112	24	391	78	3,728
Dr. Robert C. Coffey Clinic and Hospital	Gen	Corp	100	6	14	21	706
St. Vincent's Hospital*◇	Gen	Church	300	36	573	304	8,719
Shriners Hospital for Crippled Children*	Orth	Frat	50	..	..	51	208
Veterans Admin. Facility	Gen	Vet	585	..	..	312	2,256
Theo. B. Wilcox Memorial Hospital	Obstetrical Unit of Good Samaritan Hospital						
Waverleigh Sanatorium	N&M	Indiv	15	..	..	8	106
Roseburg, 4,982—Douglas							
Mercy Hospital	Gen	Church	30	6	96	20	1,025
Veterans Admin. Facility	Gen	Vet	191	..	..	125	1,185
St. Helens, 3,594—Columbia							
St. Helens General Hospital	Gen	Indiv	10	6	19	10	527
Salem, 26,266—Marion							
Oregon State Hospital	Ment	State	2,450	..	..	2,295	728
Oregon State Tuberculosis Hosp.	TB	State	270	..	..	266	105
Salem General Hospital	Gen	NPAssn	61	12	170	29	1,336
Silverton, 2,462—Marion							
Silverton Hospital	Gen	NPAssn	16	6	74	5	323
The Dalles, 5,885—Wasco							
Eastern Oregon State Tuberculosis Hospital	TB	State	150	..	..	150	69
Mid-Columbia Hospital	Gen	Indiv	25	6	38	11	785
The Dalles Hospital◇	Gen	Corp	75	10	129	50	1,308
Tillamook, 2,549—Tillamook							
Charlton Hospital	Gen	Indiv	35	5	58	9	385
Toledo, 3,137—Lincoln							
Lincoln Hospital	Gen	Corp	22	3	42	13	452
Troutdale, 227—Multnomah							
Multnomah County Tuberculosis Pavilion	TB	County	39	..	..	38	60
Woodburn, 1,675—Marion							
Woodburn Hospital	Gen	Indiv	12	4	54	4	156
Related Institutions							
Bandon, 1,516—Coos							
Leep Memorial Hospital	Gen	Indiv	6	2	6	2	...
Bend, 8,848—Deschutes							
Lumbermen's Hospital	Indus	NPAssn	30	..	No data supplied		
Chemawa, 625—Marion							
Chemawa Hospital	Inst	I A	40	..	..	10	721
Corvallis, 7,585—Benton							
Oregon State Agricultural College Hospital	Inst	State	18	..	..	9	566

Key to symbols and abbreviations is on page 750

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OREGON—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Klamath Falls, 14,880—Klamath							
Soule Sanitarium	Gen	Indiv	12	4	12	5	60
Lakeview, 1,760—Lake							
Lakeview Hospital	Gen	Corp	12	4	18	6	453
McMinnville, 2,917—Yamhill							
McMinnville Hospital	Gen	NPAssn	26	6	No data supplied		
Portland, 301,815—Multnomah							
E. Henry Wemme White Shield	Mat	NPAssn	21	12	54	14	43
Isolation Hospital	Iso	City	70	6	..	24	278
Salvation Army White Shield Home	Mat	Church	30	5	74	25	107
Woman's Convalescent Home	Conv	NPAssn	15	..	..	10	169
Salem, 26,998—Marion							
Oregon Fairview Home	MeDe	State	1,000	..	..	920	169
Oregon State Penitentiary Hosp.	Inst	State	32	..	..	15	300
Oregon State School for the Deaf	Inst	State	11	..	..	3	194
Tillamook, 2,540—Tillamook							
Tillamook General Hospital	Gen	Indiv	15	4	..	4	...
Waldport, 387—Lincoln							
Waldport Community Hospital	Gen	Indiv	10	4	8	3	109

Summary for Oregon:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	56	8,422	6,790	69,846
Related institutions	17	1,358	1,029	1,862
Totals	73	9,780	7,819	71,708
Refused registration	14	431		

PENNSYLVANIA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Abington, 821—Montgomery							
Abington Memorial Hosp.	Gen	NPAssn	242	33	767	166	4,676
Allentown, 92,563—Lehigh							
Allentown Hospital	Gen	NPAssn	300	25	521	225	6,708
Allentown State Hospital	Ment	State	1,544	..	..	1,562	592
Baer Hospital	Gen	Indiv	20	10	36	5	148
Sacred Heart Hospital	Gen	Church	240	20	447	121	5,148
Allenwood, 382—Union							
Devitt's Camp for Tuberculosis	TB	NPAssn	104	..	..	78	135
Altoona, 82,054—Blair							
Altoona Hospital	Gen	NPAssn	162	18	312	70	2,504
Mercy Hospital	Gen	NPAssn	100	16	319	70	2,014
Ambler, 3,944—Montgomery							
Dufur Hospital	N&M	Indiv	50	..	..	36	74
Ashland, 7,184—Schuylkill							
Ashland State Hospital	Gen	State	226	15	401	149	5,080
Aspinwall (Pittsburgh P.O.), 4,283—Allegheny							
Veterans Admin. Facility	G&TB	Vet	505	..	..	471	1,934
Beaver Falls, 17,147—Beaver							
Providence Hospital	Gen	Church	55	10	117	33	819
Bedford, 2,953—Bedford							
Timmins' Hospital	Gen	Indiv	17	4	14	8	274
Bellefonte, 4,804—Center							
Center County Hospital	Gen	NPAssn	64	12	92	45	1,813
Bellevue, 10,252—Allegheny							
Suburban General Hospital	Gen	NPAssn	104	14	178	41	2,079
Berwick, 12,600—Columbia							
Berwick Hospital	Gen	NPAssn	50	10	116	25	902
Bethlehem, 57,805—Northampton							
St. Luke's Hospital	Gen	NPAssn	190	20	600	143	4,669
Bloomsburg, 9,005—Columbia							
Bloomsburg Hospital	Gen	NPAssn	110	15	175	58	2,046
Blossburg, 2,696—Tioga							
Blossburg State Hospital	Gen	State	83	8	135	80	1,592
Braddock, 19,329—Allegheny							
Braddock General Hospital	Gen	NPAssn	121	16	302	52	1,565
Bradford, 10,306—McKean							
Bradford Hospital	Gen	NPAssn	106	22	325	64	2,071
Brookville, 4,387—Jefferson							
Brookville Hospital	Gen	NPAssn	56	4	37	25	772
Brownsville, 2,849—Fayette							
Brownsville General Hospital	Gen	NPAssn	90	10	85	47	1,326
Bryn Mawr, 3,056—Montgomery							
Bryn Mawr Hospital	Gen	NPAssn	238	24	474	125	4,130
Butler, 25,368—Butler							
Butler County Memorial Hospital	Gen	NPAssn	92	10	155	59	1,856
Canonsburg, 12,558—Washington							
Canonsburg General Hospital	Gen	NPAssn	56	10	188	36	1,312
Carbondale, 20,661—Lackawanna							
Carbondale General Hospital	Gen	NPAssn	65	11	122	35	1,274
St. Joseph's Hospital	Gen	Church	106	12	182	45	1,622
Carlisle, 12,536—Cumberland							
Carlisle Hospital	Gen	NPAssn	82	18	234	45	1,428
Station Hospital	Gen	Army	38	1	15	30	330
Chambersburg, 13,788—Franklin							
Chambersburg Hospital	Gen	NPAssn	77	12	150	43	1,146
Chester, 50,184—Delaware							
Chester Hospital	Gen	NPAssn	250	35	594	121	3,575
J. Lewis Crozer Home for Incurables and Homeopathic Hospital	Gen	NPAssn	85	10	191	33	806
Sacred Heart Hospital	Gen	Church	25	6	..	New	...

PENNSYLVANIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Clarks Summit, 2,604—Lackawanna							
Hillside Home and Hospital for Mental Diseases	Ment	City	950	..	..	786	209
Clearfield, 9,227—Clearfield							
Clearfield Hospital	Gen	Corp	112	16	162	63	2,602
Clifton Heights, 5,057—Delaware							
Burn Brae Hospital	N&M	Indiv	50	..	..	42	...
Coaldale, 6,921—Schuylkill							
Coaldale State Hospital	Gen	State	130	13	339	84	1,631
Coatesville, 14,762—Chester							
Coatesville Hospital	Gen	NPAssn	97	14	178	52	1,594
Veterans Admin. Facility	Ment	Vet	1,136	..	..	1,093	291
Columbia, 11,249—Lancaster							
Columbia Hospital	Gen	NPAssn	65	10	87	17	618
Colver, 2,060—Cambria							
Colver Hospital	Gen	NPAssn	19	4	45	5	251
Confluence, 980—Somerset							
Frantz Hospital	Gen	Indiv	12	3	15	7	116
Connellsville, 13,920—Fayette							
Connellsville State Hospital	Gen	State	81	15	264	64	2,138
Corry, 7,132—Erie							
Corry Hospital	Gen	NPAssn	40	8	92	15	912
Coudersport, 2,740—Potter							
Coudersport General Hospital	Gen	NPAssn	30	5	60	17	655
Cresson, 2,317—Cambria							
Pennsylvania State Sanatorium for Tuberculosis No. 2	TB	State	800	..	..	819	681
Danville, 7,185—Montour							
Danville State Hospital	Ment	State	1,947	..	..	1,886	666
Geo. F. Geisinger Memorial Hospital	Gen	NPAssn	162	20	330	121	4,075
Darby, 9,859—Delaware							
Fitzgerald-Mercy Hospital	Gen	Church	200	48	482	69	2,282
Dixmont, 1,320—Allegheny							
Dixmont Hospital	N&M	NPAssn	1,145	..	..	1,156	94
Drexel Hill, 1,119—Delaware							
Delaware County Hospital	Gen	NPAssn	56	14	292	50	1,727
Du Bois, 11,705—Clearfield							
Du Bois Hospital	Gen	Church	50	7	72	25	634
Maple Avenue Hospital	Gen	NPAssn	73	8	97	29	1,005
Eagleville, 184—Montgomery							
Eagleville Sanatorium for Consumptives	TB	NPAssn	180	..	..	170	188
Easton, 34,468—Northampton							
Betts' Private Hospital	Gen	Indiv	40	10	109	30	636
Easton Hospital	Gen	NPAssn	199	30	379	149	4,386
Easton Sanitarium	N&M	Indiv	30	..	..	12	57
East Stroudsburg, 6,666—Monroe							
General Hospital of Monroe County	Gen	NPAssn	50	9	134	24	1,012
Elizabethtown, 3,949—Lancaster							
Philadelphia Freemasons' Memorial Hospital	Gen	Frat	165	..	..	157	671
State Hospital for Crippled Children	Orth	State	125	..	..	121	148
Ellwood City, 12,325—Lawrence							
Ellwood City Hospital	Gen	NPAssn	55	8	122	33	849
Erie, 115,967—Erie							
Hamot Hospital	Gen	NPAssn	190	31	700	164	4,842
Louise Home Sanatorium	TB	NPAssn	21	..	..	21	34
St. Vincent's Hospital	Gen	Corp	182	33	671	134	5,031
Zem Zem Hospital for Crippled Children	Orth	Frat	50	..	..	32	54
Everett, 1,874—Bedford							
Everett Hospital	Gen	Indiv	24	6	42	20	400
Franklin, 10,254—Venango							
Franklin Hospital	Gen	NPAssn	47	10	98	21	807
Gettysburg, 5,584—Adams							
Annie M. Warner Hospital	Gen	NPAssn	54	6	160	22	795
Gladwyne, 1,236—Montgomery							
Gladwyne Colony	N&M	Indiv	80	..	..	68	77
Greensburg, 16,708—Westmoreland							
Westmoreland Hospital	Gen	NPAssn	138	12	378	91	3,677
Greenville, 8,678—Mercer							
Greenville Hospital	Gen	NPAssn	51	12	96	12	560
Grove City, 6,156—Mercer							
Grove City Hospital	Gen	NPAssn	25	5	41	8	329
Hamburg, 3,057—Berks							
Hamburg State Sanatorium for Tuberculosis	TB	State	540	..	..	524	557
Hanover, 11,805—York							
Hanover General Hospital	Gen	NPAssn	55	10	234	30	1,031
Harrisburg, 80,339—Dauphin							
Harrisburg Hospital	Gen	NPAssn	210	32	480	168	5,387
Harrisburg Polyclinic Hosp.	Gen	NPAssn	150	35	442	87	3,474
Harrisburg State Hospital	Ment	State	1,968	..	..	1,980	350
Keystone Hospital	Gen	Indiv	27	6	55	27	927
Hazleton, 36,765—Luzerne							
Corrigan Maternity Hospital	Mat	Part	16	16	314	12	320
Hazleton State Hospital	Gen	State	141	14	396	139	5,849
Hollidaysburg, 5,569—Blair							
Blair County Hospital for Mental Diseases	Ment	County	500	..	..	296	135
Homestead, 20,141—Allegheny							
Homestead Hospital	Gen	NPAssn	86	20	212	47	1,483
Honesdale, 5,490—Wayne							
Wayne County Memorial Hosp.	Gen	NPAssn	20	7	66	12	397
Huntingdon, 7,558—Huntingdon							
J. C. Blair Memorial Hospital	Gen	NPAssn	70	14	180	45	1,777
Indiana, 9,269—Indiana							
Indiana Hospital	Gen	NPAssn	139	15	137	100	3,450
Jersey Shore, 5,781—Lycoming							
Jersey Shore Hospital	Gen	NPAssn	20	3	..	8	...
Sanford Hospital	Gen	Indiv	20	6	31	10	331

Key to symbols and abbreviations is on page 700

PENNSYLVANIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Johnstown, 66,993—Cambria							
Conemaugh Valley Memorial Hospital●◇	Gen	NPAssn	260	30	486	179	4,974
Lee Homeopathic Hospital	Gen	NPAssn	54	15	175	37	1,208
Mendenhall Maternity Hosp.	Mat	Indiv	16	16	140	6	169
Mercy Hospital◇	Gen	Church	86	14	288	62	1,742
Kane, 6,232—McKean							
Community Hospital	Gen	NPAssn	54	12	87	38	1,341
Kane Summit Hospital	Gen	NPAssn	35	6	51	13	540
Kingston, 21,600—Luzerne							
Nesbitt Memorial Hospital◇	Gen	NPAssn	118	12	276	65	2,370
Kittanning, 7,808—Armstrong							
Kittanning General Hospital	Gen	NPAssn	35	5	45	20	679
Lancaster, 59,949—Lancaster							
Lancaster General Hospital●◇	Gen	NPAssn	240	32	606	152	4,793
Rossmere Sanatorium	TB	CyCo	55	2	..	53	125
St. Joseph's Hospital●◇	Gen	Church	165	26	346	88	2,871
Latrobe, 10,644—Westmoreland							
Latrobe Hospital◇	Gen	NPAssn	65	10	201	34	1,416
Lebanon, 25,561—Lebanon							
Good Samaritan Hospital◇	Gen	NPAssn	100	20	215	61	1,640
Lebanon Sanatorium	Gen	NPAssn	30	6	43	12	428
Lewisburg, 3,308—Union							
Evangelical Hospital	Gen	Church	24	6	68	9	396
U. S. Public Health Service Hospital	Gen	USPHS	80	..	..	54	1,367
Lewistown, 13,357—Mifflin							
Lewistown Hospital◇	Gen	NPAssn	86	7	108	68	2,016
Lock Haven, 9,668—Clinton							
Lock Haven Hospital	Gen	NPAssn	78	10	185	41	1,401
Teah Private Hospital	Gen	Indiv	25	6	22	8	247
Lock No. 4, 618—Washington							
Charleroi-Monessen Hospital	Gen	Corp	81	12	125	46	1,149
Mayview, 47—Allegheny							
Pittsburgh City Home and Hospitals	G-N&M	City	930	8	15	931	1,285
McKeesport, 54,632—Allegheny							
McKeesport Hospital●◇	Gen	NPAssn	223	40	654	152	3,427
McKees Rocks, 18,116—Allegheny							
Ohio Valley General Hospital◇	Gen	NPAssn	50	17	205	30	1,244
Meadville, 16,698—Crawford							
Meadville City Hospital◇	Gen	NPAssn	79	14	155	48	1,444
Spencer Hospital◇	Gen	NPAssn	107	13	246	58	2,008
Media, 5,372—Delaware							
Media Hospital	Gen	Indiv	25	4	11	8	197
Mercer, 2,125—Mercer							
Mercer Cottage Hospital	Gen	Corp	40	3	35	25	1,100
Mercer Sanitarium	N&M	Corp	45	..	..	35	125
Meyersdale, 3,065—Somerset							
Hazel McGilvery Hospital	Gen	Indiv	12	5	31	5	286
Meyersdale Wenzel Hospital	Gen	Indiv	13	2	4	3	126
Monaca, 4,641—Beaver							
Beaver County Sanatorium	TB	County	63	..	..	63	92
Monessen, 20,268—Westmoreland							
Gemmill Hospital	ENT	Indiv	12	..	..	3	424
Monongahela, 8,675—Washington							
Memorial Hospital	Gen	NPAssn	66	6	52	21	640
Mt. Pleasant, 5,869—Westmoreland							
Henry Clay Frick Memorial Hospital◇	Gen	NPAssn	60	10	146	35	1,300
Muncy, 2,413—Lycoming							
Muncy Valley Private Hospital	Gen	NPAssn	20	7	40	6	362
Nanticoke, 26,043—Luzerne							
Nanticoke State Hospital	Gen	State	130	10	220	52	2,644
New Brighton, 9,950—Beaver							
Beaver Valley General Hosp.◇	Gen	NPAssn	70	10	121	33	957
New Castle, 48,674—Lawrence							
Jameson Memorial Hospital●◇	Gen	NPAssn	139	21	287	80	2,320
New Castle Hospital◇	Gen	Church	105	20	231	68	2,135
New Kensington, 16,762—Westmoreland							
Citizens General Hospital◇	Gen	NPAssn	88	12	192	74	2,084
Norristown, 35,853—Montgomery							
Montgomery Hospital●◇	Gen	NPAssn	90	20	320	75	2,602
Norristown State Hospital◆	Ment	State	3,248	..	..	3,407	796
Riverview Hospital	Gen	NPAssn	35	10	185	17	612
Northampton, 9,839—Northampton							
Haff Hospital	Gen	Indiv	32	3	17	15	377
Oil City, 22,075—Venango							
Grand View Sanatorium	TB	NPAssn	50	..	..	12	27
Oil City General Hospital◇	Gen	NPAssn	77	18	261	47	1,450
Palmerton, 7,678—Carbon							
Palmerton Hospital◇	Gen	NPAssn	65	10	104	46	1,721
Peckville, 3,915—Lackawanna							
Mid-Valley Hospital	Gen	NPAssn	62	8	250	56	1,891
Philadelphia, 1,950,961—Philadelphia							
American Hospital for Diseases of the Stomach	Gen	NPAssn	39	3	48	17	781
American Oncologic Hospital	SkCa	NPAssn	45	..	..	22	451
Anderson Hospital	Gen	Corp	72	24	182	17	1,549
Broad Street Hospital	Gen	NPAssn	80	30	200	30	1,113
Chestnut Hill Hospital●◇	Gen	NPAssn	89	25	324	60	1,891
Children's Heart Hospital	Card	NPAssn	50	..	..	25	33
Children's Hospital◆◇	Chil	NPAssn	120	..	..	95	2,106
Children's Hospital of the Mary J. Drexel Home◆	Chil	Church	53	..	..	21	861
Fairmount Farm	N&M	Corp	44	..	..	28	179
Frankford Hospital●◇	Gen	NPAssn	119	23	412	86	2,943
Frederick Douglass Memorial Hospital (col.)	Gen	NPAssn	61	6	37	32	544
Friends Hospital◆	N&M	Corp	190	..	..	128	93
Garretson Hospital	Unit of Temple University Hospital						
Germantown Dispensary and Hospital●◆◇	Gen	NPAssn	310	50	1,202	246	7,147
Graduate Hospital of the University of Pennsylvania●◆	Gen	NPAssn	475	..	8	225	7,287
Hahnemann Hospital●◇	Gen	NPAssn	498	94	1,784	395	11,235
Home for Consumptives	TB	Church	104	..	..	98	142
Hospital of the Protestant Episcopal Church●◇	Gen	Church	488	42	278	296	4,651
Hospital of the University of Pennsylvania●◆◇	Gen	State	566	32	746	360	9,117
Hospital of the Woman's Medical College of Pennsylvania●◇	Gen	NPAssn	152	21	521	80	3,024
Institute of the Pennsylvania Hospital	N&M	NPAssn	60	..	..	24	309
Jeanes Hospital◆	Ca	NPAssn	65	..	..	53	480
Jefferson Medical College Hospital●◇	Gen	NPAssn	631	57	1,080	489	12,869
Jewish Hospital●◆◇	Gen	NPAssn	352	70	994	248	6,991
Joseph Price Memorial Hosp.	Gen	NPAssn	60	10	178	38	699
Kensington Hospital for Women◆	GynMat	NPAssn	66	35	979	48	1,591
Lankenau Hospital●◇	Gen	NPAssn	258	35	408	187	4,423
Memorial Hospital	Gen	NPAssn	75	10	250	56	1,898
Mercy Hospital (col.)●◇	Gen	NPAssn	100	10	182	75	1,721
Methodist Episcopal Hosp.●◇	Gen	Church	197	45	515	125	3,725
Metropolitan Hospital	Gen	Corp	20	6	119	8	595
Misericordia Hospital●◇	Gen	Church	195	35	775	133	4,164
Mt. Sinai Hospital●◇	Gen	NPAssn	261	55	907	187	6,433
National Stomach Hospital	Gen	NPAssn	44	..	..	14	419
Northeastern Hospital●◇	Gen	NPAssn	87	15	491	57	2,126
Northern Liberties Hospital	Gen	NPAssn	58	11	67	36	1,589
Northwestern General Hospital	Unit of Temple University Hospital						
Pennsylvania Hospital●◆◇	Gen	NPAssn	430	130	2,294	370	10,581
Pennsylvania Hospital, Department for Mental and Nervous Diseases◆◇	N&M	NPAssn	225	..	..	173	230
Philadelphia General Hosp.●◆◇	Gen	City	2,500	60	1,572	2,124	27,042
Philadelphia Hospital for Contagious Diseases	Iso	City	1,100	..	..	260	3,237
Philadelphia Hospital for Mental Diseases	N&M	City	6,156	..	..	5,758	1,376
Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases◆	Orth&Neur	NPAssn	140	..	..	62	498
Presbyterian Hospital●◆◇	Gen	Church	383	42	550	198	4,456
Preston Retreat	Mat	NPAssn	50	35	444	28	441
Rush Hospital for Consumption and Allied Diseases	TB	NPAssn	168	..	..	96	455
St. Agnes Hospital●◇	Gen	Church	336	60	1,066	230	4,709
St. Christopher's Hospital for Children◆◇	Chil	NPAssn	75	..	..	55	2,202
St. Joseph's Hospital●◇	Gen	Church	150	20	345	80	2,762
St. Luke's and Children's Hospital●◇	Gen	NPAssn	176	40	650	140	3,953
St. Mary's Hospital●◇	Gen	Church	237	41	766	125	3,874
St. Vincent's Hospital	Gen	Church	176	33	376	50	699
Shriners Hospital for Crippled Children	Orth	Frat	100	..	..	96	...
Skin and Cancer Hospital◆	SkCa	NPAssn	23	..	..	19	168
Stetson Hospital	Gen	NPAssn	62	10	106	28	1,280
Temple University Hospital●◇	Gen	NPAssn	402	54	932	313	8,428
U. S. Naval Hospital	Gen	Navy	650	..	..	294	2,964
Urologic Clinic	Urol	Part	15	..	..	5	163
Wills Hospital◆	Eye	NPAssn	200	..	..	107	3,767
Woman's Hospital●◇	Gen	NPAssn	109	41	776	68	2,367
Women's Homeopathic Hosp.●◇	Gen	NPAssn	160	40	324	80	2,863
Philipsburg, 3,600—Centre							
Dr. McGirk Sanitarium	Gen	Indiv	20	6	19	2	175
Philipsburg State Hospital◇	Gen	State	104	12	273	96	2,531
Phoenixville, 12,029—Chester							
Phoenixville Hospital	Gen	NPAssn	58	9	124	31	901
Pittsburgh, 669,817—Allegheny							
Allegheny General Hospital●◆◇	Gen	NPAssn	378	27	580	252	5,781
Belvedere General Hospital	Gen	NPAssn	30	6	56	9	371
Children's Hospital◆◇	Chil	NPAssn	196	..	..	111	2,674
Elizabeth Steel Magee Hosp.◆◇	Gen	NPAssn	304	191	2,339	183	4,943
Eye and Ear Hospital◆	ENT	NPAssn	95	6	..	45	3,811
Haddon Maternity Hospital	Mat	Corp	20	15	149	9	387
Homeopathic Medical and Surgical Hospital and Dispensary●◇	Gen	NPAssn	280	45	621	145	3,951
Leech Farm Sanatorium	TB	City	280	..	..	249	359
Mercy Hospital●◆◇	Gen	Church	622	48	494	495	10,198
Montefiore Hospital●◇	Gen	NPAssn	194	31	702	170	5,650
Municipal Hospital for Contagious Diseases	City	Iso	250	..	..	60	1,004
Passavant Hospital●◇	Gen	Church	116	24	236	63	2,016
Pittsburgh Hospital●◇	Gen	NPAssn	176	24	507	141	3,419
Presbyterian Hospital●◇	Gen	NPAssn	160	5	27	89	2,334
Rosella Foundling and Maternity Hospital	MatCh	NPAssn	185	22	215	111	400
St. Francis Hospital●◆◇	Gen	Church	540	37	507	307	6,839
St. John's General Hospital●◇	Gen	Church	180	22	445	92	2,773
St. Joseph's Hospital and Dispensary●◇	Gen	Church	128	12	203	76	1,855
St. Margaret Memorial Hosp.●◇	Gen	Church	129	21	224	69	2,082
South Side Hospital●◇	Gen	NPAssn	207	18	348	121	4,126
Tuberculosis League Hospital	TB	NPAssn	150	..	..	142	198
U. S. Marine Hospital	Gen	USPHS	73	..	..	61	680
Western Pennsylvania Hosp.●◆◇	Gen	NPAssn	600	51	1,269	359	8,368
Pittston, 18,246—Luzerne							
Pittston Hospital◇	Gen	NPAssn	110	12	287	78	3,538
Pottstown, 19,430—Montgomery							
Homeopathic Hospital	Gen	NPAssn	50	10	78	16	514
Pottstown Hospital◇	Gen	NPAssn	64	11	154	30	1,298
Pottsville, 24,300—Schuylkill							
Lemos B. Warne Hospital	Gen	Indiv	78	12	88	31	1,171
A. C. Milliken Hospital	Gen	NPAssn	46	10	129	24	1,042
Pottsville Hospital●◇	Gen	NPAssn	128	12	225	89	2,[illegible]83

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PENNSYLVANIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Punxsutawney, 9,268—Jefferson							
Adrian Hospital	Gen	NPAssn	78	12	138	47	1,547
Quakertown, 4,983—Bucks							
Quakertown Hospital	Gen	NPAssn	44	12	103	23	703
Ransom, 37—Lackawanna							
Ransom Home and Mental Hospital	N&M	County	380	..	..	372	63
Reading, 111,171—Berks							
Berks County Tuberculosis Sanatorium	TB	County	134	..	..	133	155
Homeopathic Medical and Surgical Hospital◆	Gen	NPAssn	99	15	300	80	2,070
Reading Hospital◆◇	Gen	NPAssn	230	38	642	156	4,678
St. Joseph's Hospital◆	Gen	Church	180	25	574	140	3,516
Renovo, 3,947—Clinton							
Renovo Hospital	Gen	NPAssn	30	6	50	12	469
Retreat, 31—Luzerne							
Retreat Mental Hospital	N&M	County	1,000	..	..	952	189
Ridgway, 6,313—Elk							
Elk County General Hospital	Gen	NPAssn	60	9	118	36	1,143
Ridley Park, 3,358—Delaware							
Taylor Hospital	Gen	NPAssn	67	9	238	27	1,272
Roaring Spring, 2,724—Blair							
Nason Hospital	Gen	NPAssn	56	6	..	24	..
Rochester, 7,726—Beaver							
Rochester General Hospital	Gen	NPAssn	100	12	205	62	1,466
St. Marys, 5,453—Elk							
Andrew Kaul Memorial Hosp.	Gen	NPAssn	45	12	109	20	748
Sayre, 7,982—Bradford							
Robert Packer Hospital◆◇	Gen	NPAssn	305	20	371	204	6,420
Schuylkill Haven, 6,514—Schuylkill							
Schuylkill County Hospital for Mental Diseases	Ment	County	495	..	..	524	159
Scranton, 143,433—Lackawanna							
Hahnemann Hospital◆	Gen	NPAssn	109	16	376	87	2,533
Lackawanna County Tuberculosis Hospital	TB	County	140	..	..	137	251
Mercy Hospital◆	Gen	Church	84	20	200	54	1,958
Moses Taylor Hospital◆◇	Gen	NPAssn	96	4	..	66	1,640
St. Joseph's Children's and Maternity Hospital◆	MatChDrn	Church	185	24	31	95	252
St. Mary's Keller Memorial Hospital◆	Gen	Church	68	12	200	40	1,291
Scranton Private Hospital	Gen	Corp	40	6	11	12	917
Scranton State Hospital◆◇	Gen	State	174	14	302	190	3,353
West Side Hospital◆	Gen	NPAssn	55	10	297	66	1,775
Selinsville, 2,063—Bucks							
Grand View Hospital◆	Gen	NPAssn	58	7	109	25	797
Sewickley, 3,509—Allegheny							
Valley Hospital◆	Gen	NPAssn	113	7	283	80	1,978
Shamokin, 20,274—Northumberland							
Shamokin State Hospital	Gen	State	88	8	132	90	3,105
Sharon, 25,908—Mercer							
Christian H. Buhl Hospital◆	Gen	NPAssn	107	17	298	70	2,269
Shenandoah, 21,787—Schuylkill							
Locust Mountain State Hosp.	Gen	State	71	10	180	58	1,731
Somerset, 4,395—Somerset							
Somerset Community Hospital	Gen	NPAssn	30	6	No data supplied		
South Mountain, 29—Franklin							
Pennsylvania State Sanatorium for Tuberculosis	TB	State	1,035	..	..	1,037	1,476
Spangler, 2,761—Cambria							
Miners' Hospital of Northern Cambria	Gen	NPAssn	65	10	76	61	1,422
Sunbury, 15,826—Northumberland							
Mary M. Packer Hospital	Gen	NPAssn	61	9	192	42	1,843
Susquehanna, 3,262—Susquehanna							
Simon E. Barnes Memorial Hospital	Gen	NPAssn	16	5	35	9	237
Tarentum, 9,251—Allegheny							
Allegheny Valley Hospital◆	Gen	NPAssn	95	10	180	65	1,841
Taylor, 10,428—Lackawanna							
Taylor Hospital	Gen	NPAssn	41	7	131	34	1,397
Titusville, 6,653—Crawford							
Titusville Hospital	Gen	NPAssn	42	8	143	19	861
Torrance, 414—Westmoreland							
Torrance State Hospital	Ment	State	1,516	..	..	1,601	634
Uniontown, 19,544—Fayette							
Uniontown Hospital◆	Gen	NPAssn	200	25	365	140	4,183
Warren, 14,273—Warren							
Warren General Hospital◆	Gen	NPAssn	80	22	266	50	2,052
Warren State Hospital◆◇	Ment	State	2,063	..	..	2,049	610
Washington, 24,545—Washington							
Hillsview Farms Sanitarium	Gen	Indiv	50	..	3	34	212
Washington Hospital◆	Gen	NPAssn	158	28	229	84	2,605
Waymart, 902—Wayne							
Farview State Hospital	Ment	State	810	..	..	762	103
Waynesboro, 10,167—Franklin							
Waynesboro Hospital	Gen	NPAssn	36	10	134	23	762
Waynesburg, 4,915—Greene							
Greene County Memorial Hosp.	Gen	NPAssn	34	6	58	17	785
Wernersville, 1,066—Berks							
Wernersville State Hospital	Ment	State	1,466	..	..	1,460	501
West Chester, 12,325—Chester							
Chester County Hospital◆	Gen	NPAssn	135	22	329	77	2,206
Homeopathic Hospital of Chester County◇	Gen	NPAssn	67	10	178	40	1,354
West Grove, 1,375—Chester							
West Grove Hospital	Gen	Indiv	20	12	79	11	337
White Haven, 1,527—Luzerne							
White Haven Sanatorium◆	TB	NPAssn	250	..	..	225	402
Wilkes-Barre, 86,626—Luzerne							
Mercy Hospital◆◇	Gen	Church	195	25	400	130	3,973
Wilkes-Barre General Hosp.◆◇	Gen	NPAssn	360	41	678	238	7,419
Wyoming Valley Homeopathic Hospital◆	Gen	NPAssn	76	20	278	54	1,720

PENNSYLVANIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Wilkinsburg, 29,529—Allegheny							
Columbia Hospital◆◇	Gen	Church	187	26	468	92	2,867
Williamsport, 45,729—Lycoming							
Rothfuss Clinic and Hospital	Gen	Indiv	22	6	61	5	304
Williamsport Hospital◆◇	Gen	NPAssn	231	41	506	135	4,393
Windber, 9,205—Somerset							
Windber Hospital◆◇	Gen	NPAssn	107	10	238	81	2,512
Woodville, 510—Allegheny							
Allegheny County Home and Hospital for the Insane	Ment	County	2,529	..	..	3,062	1,322
York, 55,254—York							
West Side Sanitarium	Gen	Indiv	40	8	37	25	807
York Hospital◆◇	Gen	NPAssn	192	25	508	139	3,716
Related Institutions							
Ardmore, 10,075—Montgomery							
Wood Lea Sanitarium	N&M	Indiv	14	..	..	8	...
Bellevue, 10,228—Allegheny							
Salvation Army Woman's Home and Hospital	Mat	Church	10	10	61	15	93
Broomall, 125—Delaware							
Convalescent Hospital	Conv	Frat	30	..	..	23	304
Bryn Mawr, 3,656—Montgomery							
Bryn Mawr College Infirmary	Inst	NPAssn	16	..	..	2	226
Chester, 59,164—Delaware							
Mercy Hospital	Gen	Indiv	20	..	..	8	...
Clifton Heights, 5,057—Delaware							
Eyrie Sanitarium	N&M	Indiv	12	..	No data supplied		
Darby, 9,869—Delaware							
St. Francis' Country House for Convalescents and St. Francis Hall for Incurables	Convlnc	Church	50	..	..	44	330
Devon, 364—Chester							
Alcluyd Hospital	N&M	Part	25	..	..	18	21
Ebensburg, 3,863—Cambria							
Cambria County Hospital	Inst	County	89	2	..	83	150
Elwyn, 162—Delaware							
Elwyn Training School	MeDe	NPAssn	1,045	..	..	970	52
Embreeville, 147—Chester							
Chester County Hospital for Insane	Ment	County	315	..	..	315	57
Erie, 115,967—Erie							
Lakeview Hospital	Iso	City	84	..	..	..	200
Rose Memorial Private Hospital and Clinic	Gen	Indiv	15	4	..	2	60
Gibsonia, 138—Allegheny							
St. Barnabas Free Home	Inc	Church	100	..	..	100	68
Girard, 1,554—Erie							
Erie County Home, Tuberculosis Annex	TB	County	32	..	..	28	...
Harmarsville, 186—Allegheny							
Harmarsville Convalescent Home	Conv	NPAssn	45	25	..	32	334
Hershey, 2,025—Dauphin							
Hershey Hospital	Gen	Corp	19	6	123	7	334
Huntingdon, 7,538—Huntingdon							
Pennsylvania Industrial School	Inst	State	36	..	..	11	307
Johnstown, 66,993—Cambria							
Municipal Hospital	Iso	City	60	10	..	8	60
Salus Private Hospital	Alcoh	Indiv	13	..	..	2	15
Lancaster, 50,949—Lancaster							
Lancaster County Hospital and Hospital for Insane◇	Ment	County	408	..	..	390	266
Lansdowne, 9,543—Delaware							
Sanatorium School	Orth	Indiv	20	..	..	19	14
Laurelton, 327—Union							
Laurelton State Village	MeDe	State	683	..	..	675	39
Loysville, 400—Perry							
Annie L. Lowry Memorial Hospital	Inst	Church	24	..	..	..	38
Media, 5,372—Delaware							
Brookwood Farm	N&M	Indiv	16	..	..	6	6
Mercer, 2,125—Mercer							
Mercer County Home and Hospital	Ment	County	340	..	..	330	112
Middletown, 4,685—Dauphin							
Odd Fellows' Home	Inst	Frat	35	..	..	35	90
Mont Clare, 900—Montgomery							
River Crest Preventorium	TB	NPAssn	100	..	..	80	365
Morganza,—Washington							
Pennsylvania Training School	Inst	State	21	..	..	4	564
Newtown Square, 168—Delaware							
Dunwoody Home	Conv	NPAssn	45	..	..	39	542
New Wilmington, 907—Lawrence							
Overbrook Sanitarium	Conv	Part	35	..	..	15	200
North East, 3,670—Erie							
St. Barnabas' House by the Lake	Inc	Church	30	..	..	30	14
Oakbourne (West Chester P.O.), 32—Chester							
James C. Smith Memorial Home	Conv	Church	22	..	..	20	382
Pennsylvania Epileptic Hospital and Colony Farm	Epil	NPAssn	117	..	..	117	6
Olyphant, 10,745—Lackawanna							
Blakely Home	Ment	County	144	..	..	128	13
Pennhurst,—Chester							
Pennhurst State School	MeDe	State	1,746	..	..	1,730	66
Philadelphia, 1,950,961—Philadelphia							
Babies' Hospital	Chil	NPAssn	15	..	..	10	287
Belmont Hospital, Salvation Army Home and Hospital	Mat	Church	10	10	106	5	148
Chester Avenue Private Hosp.	Gen	Indiv	9	9	..	2	...
Eastern State Penitentiary Hospital	Inst	State	80	..	..	55	1,043
Florence Crittenton Home	Mat	NPAssn	15	15	32	11	38
House of the Merciful Saviour for Crippled Children	Orth	NPAssn	62	..	..	62	9

Key to symbols and abbreviations is on page 798

PENNSYLVANIA—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Homewood School	Inst	NPAssn	125	10	..	136	75
House of the Good Shepherd (col.)	Inst	Church	75	..	..	71	54
Kenwood Sanitarium	Conv	Corp	40	..	..	29	74
Logan Private Hospital	Conv	Indiv	14	..	No data supplied		
Pennsylvania School for the Deaf	Inst	NPAssn	22	..	..	3	280
Philadelphia County Prison Hospital (Holmesburg)	Inst	CyCo	60	..	..	68	536
Philadelphia County Prison Hospital (Reed St. Prison)	Inst	County	31	..	..	6	518
Philadelphia Home for Incurables	Inc	NPAssn	200	..	..	198	34
Roseneath Farms Sanitarium	Conv	Corp	22	..	..	15	...
Sharon Hall	Conv	Corp	40	..	..	35	...
Widener Memorial Industrial Training School for Crippled Children	Orth	NPAssn	100	..	..	75	10
Pittsburgh, 669,817—Allegheny							
Fairview Sanatorium	Ment	Corp	12	..	..	6	7
Industrial Home for Crippled Children	Orth	NPAssn	28	..	..	22	273
Jewish Home for the Aged	Inst	NPAssn	55	..	..	55	31
Western Penitentiary Hospital	Inst	State	27	..	..	21	345
Polk, 3,237—Venango							
Polk State School◆	MeDe	State	3,000	..	..	2,882	193
Pottstown, 19,430—Montgomery							
Hill School Infirmary	Inst	NPAssn	29	..	..	6	510
Retreat, 31—Luzerne							
Retreat Home and Hospital for Chronic Diseases	Inst	County	700	..	..	531	258
Rochester, 7,726—Beaver							
Passavant Memorial Homes for the Care of Epileptics	Epil	Church	130	..	..	115	...
Schuylkill Haven, 6,514—Schuylkill							
Schuylkill County Almshouse Hospital	Inst	County	165	12	..	80	...
Scranton, 143,433—Lackawanna							
Municipal Hospital for Contagious Diseases	Iso	City	40	..	..	10	79
Selinsgrove, 2,797—Snyder							
Selinsgrove State Colony for Epileptics	Epil	State	464	..	..	429	85
Somerset, 4,395—Somerset							
Somerset County Home and Hospital	Ment	County	541	..	..	457	28
State College, 4,450—Centre							
Pennsylvania State College Health Service Hospital	Inst	State	29	..	..	4	474
Towanda, 4,104—Bradford							
Mills Private Hospital	Gen	Indiv	18	10	67	12	300
Troy, 1,190—Bradford							
Martha Lloyd School	MeDe	Indiv	68	..	..	68	10
Valencia, 308—Butler							
Lillian Convalescent Rest	Conv	NPAssn	52	..	..	44	365
Wilkes-Barre, 86,626—Luzerne							
Contagious Disease Hospital	Iso	City	12	4	..	5	120
Williamstown, 2,958—Dauphin							
Williams Valley Hospital	Gen	Corp	24	2	..	2	25
Willow Grove, 2,065—Montgomery							
Willow Crest for Convalescents	Conv	NPAssn	80	..	..	70	996

Summary for Pennsylvania:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	288	68,749	55,207	582,685
Related institutions	72	12,220	11,016	13,219
Totals	360	80,969	66,223	595,904
Refused registration	21	471		

RHODE ISLAND

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Central Falls, 25,898—Providence							
Notre Dame Hospital	Gen	NPAssn	50	9	81	19	1,015
East Greenwich, 3,666—Kent							
Crawford Allen Memorial Hosp.	Unit of Rhode Island Hosp., Providence						
East Providence, 29,995—Providence							
Emma Pendleton Bradley Home	NervCh	NPAssn	50	..	..	47	53
Hillsgrove, 1,000—Kent							
St. Joseph's Sanatorium	TB	Church	65	..	..	42	23
Howard, 2,250—Providence							
State Hospital for Mental Diseases◆◇	Ment	State	2,349	..	..	2,322	560
State Infirmary	Gen	State	1,023	61	58	912	739
Newport, 27,612—Newport							
Newport Hospital◇	Gen	NPAssn	130	21	392	101	2,085
Station Hospital	Gen	Army	44	..	..	24	894
U. S. Naval Hospital	Gen	Navy	161	..	26	74	652
Pawtucket, 77,149—Providence							
Memorial Hospital*◇	Gen	NPAssn	166	30	478	128	2,937
Providence, 252,981—Providence							
Butler Hospital◆◇	N&M	NPAssn	174	..	..	140	139
Charles V. Chapin Hospital◆	TbIs	City	266	..	..	207	2,398
Homeopathic Hospital*◇	Gen	NPAssn	166	34	751	104	3,635
Jane Brown Memorial Hospital	Unit of Rhode Island Hospital						
Miriam Hospital	Gen	NPAssn	63	14	221	39	1,346

RHODE ISLAND—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Providence Lying-In Hospital	Mat	NPAssn	155	155	2,893	188	3,060
Rhode Island Hospital*◆◇	Gen	NPAssn	600	..	..	440	10,301
St. Joseph's Hospital*◇	Gen	Church	307	43	584	175	4,009
Wakefield, 2,716—Washington							
South County Hospital	Gen	NPAssn	35	10	136	20	659
Wallum Lake, 75—Providence							
Rhode Island State Sanatorium	TB	State	435	..	..	394	329
Westerly, 10,997—Washington							
Margaret Edward Anderson Hospital	Gen	Indiv	25	..	No data supplied		
Westerly Hospital◇	Gen	NPAssn	61	12	139	24	729
Woonsocket, 49,376—Providence							
Woonsocket Hospital◇	Gen	NPAssn	137	25	244	63	1,946
Related Institutions							
Bristol, 11,953—Bristol							
Rhode Island Soldiers' Home	Inst	State	50	..	..	38	40
Howard, 2,250—Providence							
Rhode Island State Prison Hospital	Inst	State	24	..	..	18	250
Sockanosset School for Boys	Inst	State	9	..	..	3	250
Hoxsie, 79—Kent							
Lakeside Home and Mary Murray Preventorium	TB	NPAssn	68	..	..	35	206
La Fayette, 700—Washington							
Exeter School	MeDe	State	546	..	..	608	57
Providence, 252,981—Providence							
Broadway Hospital	Surg	Corp	11	..	..	2	170
Heath Sanatorium	Conv	Indiv	20	..	..	12	16
Heath Sanatorium Annex	Conv	Indiv	14	..	..	10	17
St. Elizabeth Home for Incurables	Inc	Church	45	..	..	42	11

Summary for Rhode Island:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	21	6,482	5,341	36,125
Related institutions	9	787	782	1,065
Totals	30	7,269	6,123	37,190
Refused registration	1	65		

SOUTH CAROLINA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Abbeville, 4,414—Abbeville							
Abbeville County Memorial Hospital	Gen	NPAssn	25	2	36	7	302
Aiken, 6,033—Aiken							
Aiken County Hospital	Gen	County	30	2	46	28	1,287
Anderson, 14,383—Anderson							
Anderson County Hospital◇	Gen	NPAssn	65	10	275	55	2,732
Bennettsville, 3,667—Marlboro							
Marlboro County General Hosp.	Gen	NPAssn	34	6	82	22	967
Camden, 5,183—Kershaw							
Camden Hospital◇	Gen	NPAssn	37	10	68	30	1,177
Charleston, 62,265—Charleston							
Baker Sanatorium	Gen	NPAssn	50	10	117	30	1,076
Roper Hospital*◆◇	Gen	NPAssn	295	30	726	255	6,028
St. Francis Xavier Infirmary◇	Gen	Church	50	13	90	28	682
Chester, 5,528—Chester							
Pryor Hospital◇	Gen	NPAssn	60	6	41	20	908
Clinton, 5,643—Laurens							
Dr. Hays' Hospital	Gen	Indiv	15	3	16	5	213
Columbia, 51,581—Richland							
Columbia Hospital*◇	Gen	County	275	30	357	155	5,002
Good Samaritan Hosp. (col.)◇	Gen	NPAssn	65	5	No data supplied		
South Carolina Baptist Hosp.◇	Gen	Church	97	6	100	67	2,396
South Carolina State Hosp.◇	Ment	State	2,903	..	..	3,490	914
Veterans Admin. Facility	Gen	Vet	304	..	..	286	2,098
Waverley Sanitarium	N&M	Corp	35	..	..	26	273
Waverly Fraternal Hosp. (col.)◇	Gen	Frat	62	6	24	30	581
Conway, 3,011—Horry							
Conway Hospital◇	Gen	NPAssn	37	7	184	22	1,457
Florence, 14,774—Florence							
Florence-Darlington Tuberculosis Sanatorium	TB	County	46	..	..	44	60
McLeod Infirmary◇	Gen	NPAssn	175	8	191	120	4,151
Saunders Memorial Hospital◇	Gen	NPAssn	55	6	47	37	1,800
Gaffney, 6,827—Cherokee							
City Hospital◇	Gen	NPAssn	35	2	No data supplied		
Greenville, 29,154—Greenville							
Greenville City Hospital*◇	Gen	City	188	12	334	123	4,232
Greenville County Sanatorium	TB	County	70	..	..	68	123
Dr. Jervey's Private Hospital	ENT	Indiv	15	..	..	3	230
St. Francis Hospital	Gen	Church	96	14	281	56	1,811
Shriners Hospital for Crippled Children	Orth	Frat	60	..	..	61	338
Working Benevolent Hosp. (col.)	Gen	Frat	22	1	22	10	221
Greenwood, 11,020—Greenwood							
Brewer Hospital (col.)◇	Gen	Church	25	2	10	14	428
Greenwood Hospital◇	Gen	NPAssn	52	3	60	23	1,053
Kingstree, 2,392—Williamsburg							
Kelley Sanatorium	Gen	Indiv	25	4	..	7	...
Lake City, 1,942—Florence							
Lynch Infirmary	Gen	Indiv	10	1	..	3	70
Lancaster, 3,545—Lancaster							
Lancaster Hospital	Gen	Indiv	25	4	10	8	200
Moncks Corner, 623—Berkeley							
Berkeley County Hospital	G&TB	NPAssn	52	6	27	24	571

Key to symbols and abbreviations is on page 798

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SOUTH CAROLINA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Moultrieville, 515—Charleston							
Station Hospital	Gen	Army	50	..	..	11	2,181
Mullins, 3,126—Marion							
Mullins Hospital◊	Gen	NPAssn	35	6	61	20	1,357
Navy Yard, 1,022—Charleston							
Pinehaven Sanatorium	TB	County	60	..	..	54	52
Newberry, 7,258—Newberry							
Newberry County Hospital◊	Gen	NPAssn	25	5	39	14	617
Orangeburg, 8,776—Orangeburg							
Tri-County Hospital◊	Gen	NPAssn	37	4	17	27	1,084
Parris Island, 386—Beaufort							
U. S. Naval Hospital	Gen	Navy	151	4	12	43	594
Ridgewood (Columbia P.O.)—Richland							
Ridgewood Tuberculosis Camp	TB	NPAssn	70	..	..	40	60
Rock Hill, 11,222—York							
St. Philip's Mercy Hospital	Gen	Church	36	6	..	New	...
Six Mile, 150—Pickens							
Dr. Peek's Hospital	Gen	Indiv	32	2	22	24	632
Spartanburg, 28,725—Spartanburg							
Mary Black Memorial Hosp.◊	Gen	NPAssn	37	3	27	23	1,117
Spartanburg General Hosp.◊◊	Gen	County	284	20	336	173	4,463
State Park,—Richland							
Palmetto Sanatorium (col.)	Unit of South Carolina Sanatorium						
South Carolina Sanatorium	TB	State	276	..	..	236	321
Sumter, 11,780—Sumter							
Tuomey Hospital◊	Gen	NPAssn	92	8	134	61	1,901
Walterboro, 2,582—Colleton							
Charles Ed'Dorn Hospital	Gen	Indiv	35	4	36	17	1,061
Related Institutions							
Charleston, 62,265—Charleston							
Charleston Orphan House	Inst	City	24	..	..	5	476
Citadel Hospital	Inst	State	32	..	..	10	2,010
Clinton, 5,643—Laurens							
Lesh Infirmary of Thornwell Orphanage	Inst	Church	40	..	..	9	220
State Training School	MeDe	State	518	..	..	524	57
Georgetown, 5,062—Georgetown							
Florence Williams Hosp. (col.)	Gen	Indiv	15	1	9	4	60
Greenville, 29,154—Greenville							
Welsh Memorial Infirmary	Inst	NPAssn	45	..	..	8	350
Leesville, 1,349—Lexington							
Leesville Infirmary	Gen	Corp	30	6	..	8	...
Summerville, 2,579—Dorchester							
Arthur B. Lee Hospital (col.)	Gen	NPAssn	12	2	19	7	139
Summerville Infirmary	Gen	NPAssn	10	5	29	9	319
Sumter, 11,780—Sumter							
Camp Allen, Sumter County Tuberculosis Sanitarium	TB	CyCo	26	..	..	22	88
Union, 7,419—Union							
Wallace Thomson Hospital	Gen	City	20	2	21	11	389

Summary for South Carolina:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	48	6,610	5,804	59,014
Related institutions	12	780	668	4,328
Totals	60	7,390	6,472	63,342
Refused registration	3	67		

SOUTH DAKOTA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Aberdeen, 16,465—Brown							
Aberdeen Good Samaritan Hosp.	Gen	Church	30	9	45	9	388
St. Luke's Hospital◊	Gen	Church	125	25	256	56	2,855
Belle Fourche, 2,025—Butte							
John Burns Memorial Hospital	Gen	NPAssn	24	8	62	10	365
Bowdle, 773—Edmunds							
Community Hospital	Gen	NPAssn	10	1	25	4	139
Brookings, 4,376—Brookings							
Wesley Hospital	Gen	Church	24	8	77	12	630
Canova, 364—Miner							
Canova Hospital	Gen	Corp	12	5	30	5	319
Chamberlain, 1,364—Brule							
Chamberlain Sanitarium and Hospital◊	Gen	NPAssn	87	6	52	29	975
Cheyenne Agency, 121—Dewey							
Cheyenne River Indian Hosp.	Gen	I A	40	6	73	30	682
Deadwood, 2,559—Lawrence							
St. Joseph's Hospital◊	Gen	Church	48	6	127	24	1,009
Dell Rapids, 1,657—Minnehaha							
Dell Rapids Hospital	Gen	Corp	30	6	32	11	270
Edgemont, 1,305—Fall River							
Edgemont Hospital	Gen	Indiv	9	2	28	5	180
Eureka, 1,308—McPherson							
Eureka Community Hospital	Gen	NPAssn	20	4	30	8	356
Faulkton, 730—Faulk							
Faulk County Hospital	Gen	County	17	3	48	9	369
Flandreau, 1,934—Moody							
Moody County Hospital	Gen	Indiv	9	1	11	4	164
Ft. Meade,—Meade							
Station Hospital	Gen	Army	90	2	22	60	1,984
Ft. Thompson, 65—Buffalo							
Marcoe Indian Hospital	Gen	I A	12	5	24	14	446
Hot Springs, 2,998—Fall River							
Lutheran Sanatorium and Hosp.	Gen	Church	30	6	50	9	335
Our Lady of Lourdes Hospital and Sanitarium◊	Gen	Church	62	6	67	25	1,242
Veterans Admin. Facility	Gen	Vet	627	..	..	455	1,736

SOUTH DAKOTA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Huron, 10,046—Beadle							
Sprague Hospital◊	Gen	Corp	54	9	88	28	1,246
Lead, 5,735—Lawrence							
Homestake Hospital	Gen	NPAssn	25	5	1	16	532
Lemmon, 1,526—Perkins							
Lemmon Hospital	Gen	Indiv	12	2	15	5	226
Madison, 4,299—Lake							
Madison Community Hospital	Gen	NPAssn	50	12	79	17	621
Milbank, 2,389—Grant							
St. Bernard Providence Hosp.	Gen	Church	25	..	67	6	333
Miller, 1,447—Hand							
Miller Hospital and Clinic	Gen	Indiv	18	5	41	11	325
Mitchell, 10,942—Davison							
Methodist State Hospital◊	Gen	Church	100	15	149	39	1,700
St. Joseph Hospital◊	Gen	Church	70	16	164	32	1,933
Mobridge, 3,494—Walworth							
Lowe Hospital	Gen	Indiv	20	6	60	8	401
Mobridge Hospital	Gen	NPAssn	25	12	99	11	537
New Underwood, 311—Pennington							
New Underwood Community Hospital	Gen	NPAssn	12	6	34	3	191
Pierre, 3,659—Hughes							
St. Mary's Hospital◊	Gen	Church	102	18	178	58	2,263
Pine Ridge, 618—Shannon							
Pine Ridge Hospital	Gen	I A	40	8	110	40	1,221
Rapid City, 10,404—Pennington							
Black Hills Methodist Hosp.◊	Gen	Church	56	6	114	33	1,249
St. John's McNamara Hosp.◊	Gen	Church	52	15	162	40	1,424
Redfield, 2,684—Spink							
Baldwin Community Hospital	Gen	City	15	5	6	6	282
Rosebud, 139—Todd							
Rosebud Agency Indian Hosp.	Gen	I A	50	6	74	31	720
Sanator, 10—Custer							
South Dakota State Sanatorium for Tuberculosis	TB	State	192	..	..	173	148
Sioux Falls, 33,362—Minnehaha							
McKennan Hospital◊	Gen	Church	92	18	187	60	2,363
Moe Hospital and Clinic	Gen	Indiv	34	6	79	21	975
Sioux Valley Hospital◊	Gen	NPAssn	116	20	280	61	2,166
Volga, 604—Brookings							
Volga Hospital	Gen	NPAssn	16	2	No data supplied		
Watertown, 10,214—Codington							
Bartron Hospital◊	Gen	Corp	50	6	78	33	1,642
Luther Hospital◊	Gen	Church	63	12	110	38	1,119
Webster, 1,605—Day							
Peabody Hospital◊	Gen	Indiv	20	9	101	35	1,125
Winner, 2,220—Tripp							
Wilson Hospital	Gen	Indiv	12	2	28	6	180
Winner General Hospital	Gen	Part	11	7	44	9	337
Yankton, 6,072—Yankton							
Sacred Heart Hospital◊	Gen	Church	130	20	164	73	1,928
Yankton State Hospital	Ment	State	1,026	..	..	1,005	574
Related Institutions							
Avon, 670—Bon Homme							
Hollingsworth Hospital	Gen	Indiv	5	4	..	2	...
Camp Crook, 161—Harding							
Camp Crook Hospital	Gen	Indiv	10	2	12	8	45
Flandreau, 1,934—Moody							
Flandreau Indian School Hosp.	Gen	I A	35	1	4	14	467
Garretson, 655—Minnehaha							
De Vall Hospital	Gen	Indiv	10	2	4	1	59
Hot Springs, 2,998—Fall River							
State Soldiers' Home Hospital	Inst	State	30	..	..	18	194
Onida, 363—Sully							
Onida Hospital	Gen	Indiv	12	4	No data supplied		
Pierre, 3,659—Hughes							
Pierre Indian School Hospital	Gen	I A	30	..	..	4	250
Platte, 1,397—Charles Mix							
Platte Hospital	Gen	Indiv	7	3	16	3	150
Redfield, 2,684—Spink							
State School and Home for Feebleminded	MeDe	State	650	..	..	627	52
Wagner, 1,420—Charles Mix							
Duggan Hospital	Gen	Indiv	8	2	15	3	174
Pinard Hospital	Gen	Indiv	7	2	5	1	42

Summary for South Dakota:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	48	4,471	3,320	39,737
Related institutions	11	800	680	1,813
Totals	59	5,271	4,000	41,550
Refused registration	4	132		

TENNESSEE

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Athens, 5,385—McMinn							
Force Hospital	Gen	Part	10	3	40	4	150
Brownsville, 3,304—Haywood							
Haywood County Memorial Hospital	Gen	NPAssn	32	4	38	10	323
Chattanooga, 119,798—Hamilton							
Baroness Erlanger Hosp.◊◊◊	Gen	CyCo	220	36	854	175	5,779
Children's Hospital◊	MatCh	CyCo	73	11	180	40	1,311
Newell and Newell Sanitarium◊	Gen	Part	62	2	13	25	1,155
Pine Breeze Sanatorium◊	TB	NPAssn	240	..	..	222	165

Key to symbols and abbreviations is on page 798

TENNESSEE—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Clarksville, 9,242—Montgomery							
Clarksville Home Infirmary (col.)	Gen	Indiv	25	..	3	14	360
Clarksville Hospital◊	Gen	NPAssn	40	6	..	15	...
Cleveland, 9,136—Bradley							
Speck Hospital	Gen	NPAssn	30	2	..	5	...
Columbia, 7,882—Maury							
Kings Daughters Hospital◊	Gen	NPAssn	50	6	27	12	728
Dayton, 2,006—Rhea							
Broyles Private Hospital	Gen	Indiv	12	2	8	6	288
Dyersburg, 8,733—Dyer							
Baird-Brewer General Hosp.◊	Gen	Corp	50	..	21	14	730
Elizabethton, 8,093—Carter							
St. Elizabeth General Hospital	Gen	Corp	25	6	56	7	455
Greeneville, 5,544—Greene							
Greeneville Sanatorium and Hospital◊	Gen	Corp	60	3	13	19	751
Takoma Hospital and Sanit.◊	Gen	Corp	40	6	30	25	858
Humboldt, 4,613—Gibson							
Oursler Clinc	Gen	Indiv	10	4	52	4	312
Jackson, 22,172—Madison							
Memorial Hospital◊	Gen	NPAssn	30	5	50	12	579
Web-Williamson Hospital-Clinic	Gen	Corp	24	6	39	14	646
Jefferson City, 1,898—Jefferson							
Jefferson Hospital	Gen	Indiv	25	2	96	10	1,400
Johnson City, 25,080—Washington							
Appalachian Hospital◊	Gen	Corp	50	6	108	28	1,024
Campbell's Eye, Ear, Nose and Throat Hospital	ENT	Indiv	10	..	..	2	700
Jones Eye, Ear, Nose and Throat Hospital	ENT	Indiv	17	..	..	6	...
Parker-Budd Clinic and Hosp.	Gen	Part	20	2	4	8	263
Veterans Admin. Facility	Gen	Vet	565	..	..	447	2,799
Kingsport, 11,914—Sullivan							
Holston Valley Community Hospital	Gen	NPAssn	53	8	..	New	...
Knoxville, 105,802—Knox							
Beverly Hills Sanatorium	TB	CyCo	165	..	..	123	147
Dr. H. E. Christenberry Eye, Ear, Nose and Throat Infirm.	ENT	Indiv	12	..	..	2	337
Eastern State Hospital	Ment	State	1,445	..	..	1,305	431
Ft. Sanders Hospital◊	Gen	NPAssn	130	15	328	67	2,743
Knoxville General Hospital✱♦◊	Gen	City	350	30	745	152	6,560
St. Mary's Memorial Hospital◊	Gen	Church	63	12	191	48	1,425
Lawrenceburg, 3,162—Lawrence							
Lawrenceburg Sanitarium and Hospital	Gen	NPAssn	25	3	22	6	405
Lebanon, 4,656—Wilson							
Martha Gaston Hospital	Gen	Indiv	23	1	12	11	498
McFarland Hospital	Gen	Indiv	12	1	28	12	408
Loudon, 2,578—Loudon							
Harrison Memorial Hospital	Gen	Part	12	..	1	4	90
Madison, 89—Davidson							
Madison Rural Sanitarium and Hospital◊	Gen	NPAssn	100	6	72	54	1,297
Maryville, 4,958—Blount							
Carson's Hospital	Gen	Indiv	20	..	23	5	191
Memphis, 253,143—Shelby							
Baptist Memorial Hospital✱◊	Gen	Church	380	20	537	300	13,409
Collins Chapel Connectional Hospital (col.)◊	Gen	NPAssn	50	4	No data supplied		
Crippled Children's Hospital School	Orth	NPAssn	36	..	..	33	156
Gartly-Ramsay Hospital◊	Gen	Corp	42	8	64	26	1,046
Hospital for Crippled Adults	Orth	NPAssn	70	..	..	16	212
Lynnhurst Sanitarium	N&M	Indiv	20	..	..	9	37
Memphis Eye, Ear, Nose and Throat Hospital♦	ENT	NPAssn	69	..	..	20	1,704
Memphis General Hospital✱♦◊	Gen	City	364	36	1,211	377	14,043
Methodist Hospital✱◊	Gen	Church	155	30	707	122	4,419
St. Joseph's Hospital✱◊	Gen	Church	200	36	693	107	4,147
U. S. Marine Hospital	Gen	USPHS	105	..	..	110	1,582
Veterans Admin. Facility	Gen	Vet	450	..	..	342	3,330
Wallace Sanitarium	N&M	Part	50	..	..	30	460
Willis C. Campbell Clinic♦	Orth	Part	50	..	..	35	817
Morristown, 7,305—Hamblen							
Morristown General Hospital◊	Gen	NPAssn	25	3	12	8	320
Murfreesboro, 7,993—Rutherford							
Rutherford Hospital	Gen	Corp	42	8	121	17	910
Nashville, 153,866—Davidson							
Barr Infirmary◊	Gen	Indiv	25	..	No data supplied		
Central State Hospital	Ment	State	1,700	..	..	1,602	572
City View Sanitarium◊	N&M	Indiv	65	..	..	32	439
Davidson County Tuberculosis Hospital	TB	County	300	..	..	240	275
Geo. W. Hubbard Hospital of Meharry Medical College (col.)✱◊	Gen	NPAssn	152	20	253	77	2,226
Hospital for the Criminal Insane	Unit of Central State Hospital						
Millie E. Hale Hospital (col.)	Gen	Corp	40	10	14	14	246
Nashville General Hospital✱♦◊	Gen	City	275	30	746	196	4,423
Protestant Hospital◊	Gen	NPAssn	100	12	259	65	2,853
St. Thomas Hospital✱◊	Gen	Church	200	25	357	100	4,296
Vanderbilt University Hosp.✱♦◊	Gen	NPAssn	195	15	311	157	4,737
Newport, 2,989—Cocke							
Dr. E. E. Northcutt Infirmary	Gen	Indiv	13	3	17	10	367
Oakville, 163—Shelby							
Oakville Memorial Sanatorium	TB	CyCo	300	..	..	296	450
Paris, 8,164—Henry							
McSwain Clinic	Gen	Indiv	18	4	22	10	434
Nobles Memorial Hospital	Gen	Part	22	2	10	5	256
Pleasant Hill, 165—Cumberland							
"Uplands" Cumberland Mountain Sanatorium	G&TB	NPAssn	20	4	13	8	133
Pressmen's Home, 160—Hawkins							
International Printing Pressmen and Assistants' Union Sanatorium	TB	NPAssn	60	..	..	21	13
Pulaski, 3,367—Giles							
Pulaski Hospital	Gen	Indiv	25	2	18	7	391
Richard City, 522—Marion							
Dixie Hospital	Gen	Indiv	10	2	4	3	51
Ridgetop, 196—Robertson							
Watauga Sanitarium	TB	Corp	40	..	..	11	24
Rockwood, 3,898—Roane							
Chamberlain Memorial Hosp.◊	Gen	NPAssn	40	5	38	19	769
Rogersville, 1,590—Hawkins							
Lyon's Private Hospital	Gen	Indiv	15	3	28	12	242
Sewanee, 530—Franklin							
Emerald-Hodgson Memorial Hospital	Gen	Church	25	10	50	9	551
Shelbyville, 5,010—Bedford							
Bedford County Hospital	Gen	NPAssn	25	2	25	10	550
Springfield, 5,577—Robertson							
Robertson County Hospital	Gen	County	40	6	12	14	325
Sweetwater, 2,:71—Monroe							
Sweetwater Hospital	Gen	Part	12	4	10	7	287
Western State Hospital,—Hardeman							
Western State Hospital♦	Ment	State	1,916	..	..	1,777	617
Woodbury, 502—Cannon							
Good Samaritan Hospital	Gen	Indiv	25	6	15	8	156

Related Institutions

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Chattanooga, 119,798—Hamilton							
William L. Bork Memorial Hospital	Ment	County	213	..	..	203	112
Copperhill, 1,050—Polk							
Tennessee Copper Company's Hospital	Indus	Corp	14	..	4	7	36
Donelson, 110—Davidson							
Tennessee Home and Training School for Feebleminded Persons	MeDe	State	625	..	..	608	44
Etowah, 4,209—McMinn							
Etowah Hospital	Gen	Part	12	3	12	3	152
Fayetteville, 3,822—Lincoln							
Lincoln County Hospital	Gen	County	30	2	15	9	408
Knoxville, 105,802—Knox							
Tennessee School for Deaf	Inst	State	20	..	..	12	558
University of Tennessee Hosp.	Inst	State	15	..	..	2	363
Maryville, 4,958—Blount							
Burchfield's Eye, Ear and Throat Hospital	ENT	Indiv	5	..	..	2	271
McMinnville, 3,914—Warren							
McMinnville Infirmary	Gen	Indiv	10	3	..	2	...
Memphis, 253,143—Shelby							
Ella Oliver Home	Mat	NPAssn	30	12	..	4	...
Shelby County Hospital	Inst	County	800	..	..	554	528
Monterey, 1,731—Putnam							
Officer Sanatorium	G&TB	Indiv	10	..	..	6	15
Nashville, 153,866—Davidson							
Davidson County Hospital	Ment	County	700	..	..	617	466
Davidson County Isolation Hospital	Iso	County	50	..	..	9	54
Junior League Home for Crippled Children	Orth	NPAssn	36	..	..	36	109
Tennessee Industrial School	Inst	State	40	..	..	10	...
Tennessee State Prison Hosp.	Inst	State	122	..	..	56	635
Pickwick Dam,—Hardin							
Pickwick Dam Infirmary	Gen	FedNPAssn	22	2	..	New	...
Raleigh, 287—Shelby							
Cheerfield Farm Preventorium	TB	CyCo	50	..	..	45	...

Summary for Tennessee:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	80	11,783	9,224	106,359
Related institutions	19	2,671	2,182	3,891
Totals	99	14,454	11,406	110,250
Refused registration	8	192		

TEXAS

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Abilene, 23,175—Taylor							
Abilene State Hospital	Epil	State	1,100	..	..	1,063	218
West Texas Baptist Sanit.◊	Gen	Church	61	8	240	50	3,960
Alice, 4,239—Jim Wells							
Alice Hospital	Gen	Part	12	3	21	6	351
Amarillo, 43,132—Potter							
Northwest Texas Hospital◊	Gen	County	75	10	205	47	1,660
St. Anthony's Hospital◊	Gen	Church	100	12	207	60	2,139
Archer City, 1,512—Archer							
Archer Hospital	Gen	Indiv	16	4	No data supplied		
Austin, 53,120—Travis							
Austin State Hospital	Ment	State	2,301	..	..	2,227	355
Brackenridge Hospital◊	Gen	City	115	15	609	80	3,774

Key to symbols and abbreviations is on page 798

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TEXAS—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
St. David's Hospital◊	Gen	Church	44	8	83	23	1,438
Seton Infirmary◊	Gen	Church	160	10	239	56	2,497
Ballinger, 4,187—Runnels							
Halley and Love Sanitarium	Gen	Part	15	4	10	6	316
Bastrop, 1,895—Bastrop							
F. A. Orgain Memorial Hosp.	Gen	NPAssn	14	3	16	5	310
Bay City, 4,070—Matagorda							
Dr. Lose' Hospital	Gen	Indiv	15	5	41	4	230
Beaumont, 57,732—Jefferson							
Hotel Dieu Hospital◊◊	Gen	Church	175	14	282	80	2,416
Jefferson County Tuberculosis Hospital	TB	County	82	..	..	72	88
Jefferson County Tuberculosis Hospital (col.)	TB	County	20	..	..	21	29
St. Therese Hospital	Gen	Church	75	10	580	39	1,841
Belton, 3,779—Bell							
Belton General Hospital	Gen	Part	14	3	25	4	206
Big Spring, 13,735—Howard							
Big Spring Hospital	Gen	Corp	35	10	..	8	...
Bivings Hospital	Gen	Indiv	19	6	44	6	394
Bonham, 5,655—Fannin							
S. B. Allen Memorial Hosp.◊	Gen	NPAssn	28	4	38	11	430
Borger, 6,532—Hutchinson							
North Plains Hospital	Gen	County	20	5	241	6	608
Bowie, 3,131—Montague							
Bowie Clinic Hospital	Gen	Corp	15	3	12	5	256
Brackettville, 1,822—Kinney							
Station Hospital	Gen	Army	40	1	23	16	488
Brady, 3,863—McCulloch							
Brady Hospital◊	Gen	Part	45	5	88	18	795
Breckenridge, 7,569—Stephens							
West Side Hospital	Gen	Corp	25	3	No data supplied		
Brenham, 5,974—Washington							
St. Francis Hospital	Gen	Church	30	5	30	8	457
Sarah B. Milroy Memorial Hosp.	Gen	Corp	25	2	29	8	479
Brownsville, 22,021—Cameron							
Mercy Hospital	Gen	Church	50	10	107	..	868
Station Hospital	Gen	Army	50	1	14	7	395
Brownwood, 12,798—Brown							
Central Texas Hospital	Gen	Corp	30	3	21	12	717
Medical Arts Hospital	Gen	Corp	28	3	38	6	727
Stump General Hospital	Gen	Indiv	13	2	23	6	253
Bryan, 7,814—Brazos							
Wilkerson Memorial Clinic	Gen	Indiv	19	2	66	7	475
Cameron, 4,565—Milam							
Cameron Hospital◊	Gen	Part	50	4	60	22	645
Canadian, 2,068—Hemphill							
Canadian Hospital	Gen	Indiv	10	2	19	2	129
Center, 5,190—Shelby							
Center Sanitarium	Gen	Indiv	13	1	5	2	165
Warren Hospital	Gen	Part	12	1	4	2	75
Childress, 7,163—Childress							
Jeter-Townsend Hospital	Gen	Part	30	2	82	8	430
Cisco, 6,027—Eastland							
Graham Sanitarium	Gen	Indiv	22	2	46	7	2,654
Cleburne, 11,539—Johnson							
Cleburne Sanitarium	Gen	Indiv	20	5	..	5	...
Coleman, 4,078—Coleman							
Overall Memorial Hospital	Gen	CyCo	40	2	40	8	372
Colorado, 4,671—Mitchell							
C. L. Root Hospital	Gen	Indiv	20	2	22	6	228
Conroe, 2,457—Montgomery							
Mary Swain Sanitarium	Gen	Indiv	18	6	32	5	327
Corpus Christi, 27,741—Nueces							
Fred Roberts Memorial Hosp.◊	Gen	NPAssn	65	10	99	34	1,588
Medical-Professional Hospital	Gen	Corp	25	5	75	15	1,080
Spohn Hospital	Gen	Church	50	12	210	51	1,544
Corsicana, 15,362—Navarro							
Corsicana Hospital and Clinic	Gen	Corp	20	2	11	5	215
Navarro Clinic Hospital	Gen	Part	20	4	46	8	516
Physicians and Surgeons Hosp.	Gen	County	65	8	28	15	672
Cuero, 4,672—De Witt							
Burns Hospital	Gen	Church	35	3	15	13	369
Lutheran Hospital	Gen	Church	35	2	12	4	214
Dallas, 260,475—Dallas							
Baylor University Hospital◊◊◊	Gen	Church	300	44	1,094	268	10,763
Bradford Memorial Hospital for Babies◊	Chil	NPAssn	60	6	..	33	900
Carrell-Driver-Girard Clinic and Dallas Orthopedic Hospital	Orth	Part	25	..	..	12	262
Dallas Medical and Surgical Clinic Hospital	Gen	Part	27	..	..	17	1,008
Dallas Methodist Hospital◊	Gen	Church	92	18	552	61	2,808
Medical Arts Hospital◊	Gen	Indiv	50	..	1	32	2,246
Parkland Hospital◊◊	Gen	CyCo	265	35	1,154	240	7,252
Pinkston Clinic (col.)	Gen	Indiv	18	2	9	6	360
Rushing Clinic and Sanitarium	Gen	Indiv	25	2	20	16	612
St. Paul's Hospital◊◊	Gen	Church	270	30	678	184	6,701
Texas Scottish Rite Hospital for Crippled Children◊	Orth	Frat	50	..	..	37	640
Timberlawn Sanitarium	Ment	Corp	40	..	..	20	172
Woodlawn Sanatorium	TB	CyCo	135	..	..	105	225
Denison, 13,826—Grayson							
Denison City Hospital	Gen	NPAssn	25	3	58	10	448
M. K. T. Railroad Employes Hospital	Indus	NPAssn	68	..	..	45	985
Denton, 9,597—Denton							
Denton Hospital and Clinic	Gen	Indiv	21	4	45	11	430
Edinburg, 4,821—Hidalgo							
City-County Hospital	Gen	CyCo	60	12	32	21	511
Electra, 6,712—Wichita							
Parmley-Ogden Hospital	Gen	Part	24	4	27	3	181

TEXAS—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
El Paso, 102,421—El Paso							
El Paso City-County Hosp.◊	Gen	CyCo	150	8	285	102	2,817
El Paso Masonic Hospital◊	Gen	Frat	50	20	286	38	1,429
Hendricks-Laws Sanatorium	TB	Part	57	..	..	46	109
Homan Sanatorium	TB	Corp	110	..	..	65	175
Hotel Dieu, Sisters Hospital◊	Gen	Church	100	23	286	57	2,438
Long Sanatorium	TB	Indiv	40	..	..	32	108
Price Sanatorium	TB	Indiv	20	..	..	12	29
Providence Hospital	Gen	Indiv	45	3	32	20	1,065
St. Joseph's Sanatorium◊	TB	Church	75	..	..	54	129
Southern Baptist Sanatorium	TB	Church	85	..	..	55	108
William Beaumont General Hospital◊	Gen	Army	212	7	77	238	3,254
Floresville, 1,581—Wilson							
Oxford-Archer Hospital	Gen	Part	10	2	8	2	108
Ft. Worth, 163,477—Tarrant							
All Saints Episcopal Hospital	Gen	Church	85	15	118	13	625
Baptist Hospital	Gen	Church	60	12	No data supplied		
City and County Hospital◊◊	Gen	CyCo	98	15	785	90	2,601
W. L. Cook Memorial Hospital	Gen	Corp	45	8	81	21	777
Ft. Worth Children's Hospital◊	Chil	NPAssn	57	..	..	34	384
Harris' Clinic Hospital◊◊	Gen	Indiv	90	10	36	26	1,240
Methodist Hospital◊	Gen	Church	165	22	542	57	2,161
St. Joseph's Hospital◊◊	Gen	Church	184	16	285	91	3,406
Freeport, 3,163—Brazoria							
Freeport Hospital	Gen	Corp	18	6	84	8	2,248
Galveston, 52,938—Galveston							
Galveston State Psychopathic Hospital◊	Ment	State	55	..	..	51	200
John Sealy Hospital◊◊◊	Gen	City	350	24	532	233	5,750
St. Mary's Infirmary◊◊	Gen	Church	205	20	355	115	3,205
Station Hospital	Gen	Army	25	..	..	12	472
U. S. Marine Hospital	Gen	USPHS	196	..	..	172	1,916
Georgetown, 3,563—Williamson							
Martin Hospital	Gen	Part	15	4	51	6	387
Gilmer, 1,963—Upshur							
Elmwood Sanitarium	Gen	Indiv	15	3	33	3	120
Oaklawn Sanitarium	Gen	Indiv	17	3	36	4	300
Gladewater, 550—Gregg							
Patton Hospital	Gen	Indiv	26	6	66	6	407
Gonzales, 3,859—Gonzales							
Holmes Hospital	Gen	Corp	23	3	20	5	310
Gorman, 1,154—Eastland							
Blackwell Sanitarium	Gen	Part	30	3	..	..	...
Graham, 4,981—Young							
Graham Hospital	Gen	NPAssn	16	2	82	13	541
Greenville, 12,407—Hunt							
Dr. P. P. Becton's Hospital	Surg	Indiv	16	..	5	4	216
Groesbeck, 2,659—Limestone							
Dr. Cox's Hospital	Gen	Indiv	9	2	20	2	145
Gulf, 725—Matagorda							
Texas Gulf Sulphur Company Hospital	Gen	Corp	14	2	12	2	75
Hallettsville, 1,606—Lavaca							
Renger Hospital	Gen	Indiv	15	4	20	5	175
Hamilton, 2,064—Hamilton							
Hamilton Sanitarium	Gen	Corp	28	4	48	8	469
Harlingen, 12,124—Cameron							
Valley Baptist Hospital	Gen	Church	35	4	94	12	650
Henderson, 2,932—Rusk							
Henderson Hospital	Gen	Corp	30	4	No data supplied		
Hereford, 2,438—Deaf Smith							
Deaf Smith County Hospital	Gen	County	14	4	34	4	201
Hillsboro, 7,823—Hill							
Boyd Sanitarium	Gen	Indiv	23	3	14	6	348
Houston, 292,352—Harris							
Autry Memorial Hospital-School	Children's Unit of Hobston Tuberculosis Hospital						
Dr. Greenwood's Sanitarium	N&M	Corp	35	..	..	24	156
Heights Clinic-Hospital	Gen	Corp	30	10	203	10	809
Hermann Hospital◊◊	Gen	NPAssn	176	20	445	127	4,963
Houston Eye, Ear, Nose and Throat Hospital	ENT	Corp	24	..	..	4	1,125
Houston Negro Hospital	Gen	NPAssn	50	4	21	12	416
Houston Tuberculosis Hospital	TB	CyCo	172	..	..	102	266
Jefferson Davis Hospital◊◊	Gen	CyCo	181	17	1,254	100	7,474
Memorial Hospital◊	Gen	Church	140	21	1,150	151	7,125
Methodist Hospital◊	Gen	Church	100	10	321	64	2,682
Park View Hospital	Gen	Corp	21	4	79	9	456
St. Joseph's Infirmary◊	Gen	Church	207	18	994	124	5,779
Southern Pacific Hospital	Indus	NPAssn	140	..	..	67	2,305
Turner Urological Institute	Urol	Part	16	..	..	6	365
Jacksonville, 6,748—Cherokee							
San Travis Memorial Hospital	Gen	NPAssn	43	5	70	25	1,442
Jasper, 3,393—Jasper							
Hardy-Hancock Hospital	Gen	Part	17	2	29	11	300
Kelly Field,—Bexar							
Station Hospital	Gen	Army	30	..	..	14	709
Kerrville, 4,546—Kerr							
Kerrville Clinic and Secor Hosp.	Gen	Indiv	25	2	8	8	327
Thompson Sanatorium	TB	Indiv	80	..	..	45	150
Kingsville, 6,815—Kleberg							
Kleberg County Hospital	Gen	County	50	6	29	20	522
Knox City, 926—Knox							
Knox County Hospital	Gen	County	15	4	..	8	...
Lagrange, 2,354—Fayette							
Lagrange Hospital	Gen	Corp	45	5	..	11	...
Lamesa, 3,528—Dawson							
Lamesa Sanitarium	Gen	Indiv	10	4	18	3	121
Loveless and Price Hospital	Gen	Part	14	2	37	3	251
Laredo, 22,618—Webb							
Mercy Hospital	Gen	Church	80	6	77	25	807
Station Hospital	Gen	Army	25	..	..	8	242

Key to symbols and abbreviations is on page 788

TEXAS—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Legion, 819—Kerr							
Veterans Admin. Facility	G&TB	Vet	435	..	..	379	1,417
Livingston, 1,167—Polk							
Bergman Hospital	Gen	Indiv	16	2	15	6	329
Lockhart, 4,367—Caldwell							
Lockhart Sanitarium	Gen	Corp	18	1	9	4	314
Longview, 5,676—Gregg							
Adams-Farrar Hospital	Gen	Part	12	5	79	2	201
Hurst Eye, Ear, Nose and Throat Hospital	ENT	Indiv	12	..	..	3	800
Markham Sanitarium	Gen	Indiv	19	3	60	7	380
Lubbock, 30,339—Lubbock							
Lubbock Sanitarium◇	Gen	Corp	85	15	125	61	3,325
West Texas Hospital◇	Gen	Corp	60	6	94	25	1,510
Lufkin, 7,231—Angelina							
Angelina County Hospital	Gen	County	40	4	80	23	983
Marfa, 3,909—Presidio							
Station Hospital	Gen	Army	50	..	..	New	...
Marlin, 5,378—Falls							
Buie-Allen Hospital	Gen	Indiv	21	2	No data supplied		
Shaw Clinic and Hospital	Gen	Indiv	10	2	27	3	111
Torbett Sanatorium and Diagnostic Clinic	Gen	Indiv	50	2	40	17	1,066
Marshall, 16,203—Harrison							
Kahn Memorial Hospital	Gen	NPAssn	28	7	18	6	2,238
Texas and Pacific Railway Employees Hospital	Indus	Corp	105	..	..	61	2,383
McAllen, 8,074—Hidalgo							
McAllen Municipal Hospital◇	Gen	City	65	8	73	15	951
McKinney, 7,307—Collin							
McKinney City Hospital◇	Gen	City	46	4	46	18	570
Memphis, 8,257—Hall							
Memphis Hospital	Gen	Indiv	15	2	6	6	231
Mercedes, 6,608—Hidalgo							
Mercedes General Hospital	Gen	NPAssn	25	6	50	4	326
Mexia, 6,579—Limestone							
Brown Hospital	Gen	Indiv	15	..	15	6	340
Midland, 5,484—Midland							
Midland Clinic-Hospital	Gen	Indiv	20	1	42	6	250
Mineral Wells, 5,986—Palo Pinto							
Nazareth Hospital	Gen	Church	40	4	14	6	358
Nacogdoches, 5,687—Nacogdoches							
City Memorial Hospital	Gen	City	27	4	38	13	794
Navasota, 5,128—Grimes							
Brazos Valley Sanitarium	Gen	Corp	22	4	41	8	537
New Braunfels, 6,242—Comal							
Comal Sanitarium	Gen	Indiv	20	..	..	8	....
New Braunfels Hospital	Gen	City	14	3	19	4	278
Newgulf,—Wharton							
Texas Gulf Sulphur Company Hospital	Gen	NPAssn	22	2	29	4	279
Odessa, 2,407—Ector							
Headlee Hospital	Gen	Indiv	12	5	70	5	313
Olney, 4,138—Young							
Hamilton Hospital	Gen	City	30	8	No data supplied		
Orange, 7,912—Orange							
Frances Ann Lutcher Hospital	Gen	Indiv	30	10	34	12	380
Paducah, 2,802—Cottle							
W. Q. Richards Memorial Hospital	Gen	Indiv	30	10	10	12	412
Palestine, 11,445—Anderson							
Missouri Pacific Lines Hospital	Gen	NPAssn	75	2	2	37	1,011
Palestine Sanitarium	Gen	Corp	30	2	56	6	340
Speegle-DuPuy Hospital and Clinic	Gen	Corp	12	2	26	5	226
Pampa, 10,670—Gray							
Worley Memorial Hospital	Gen	Indiv	32	7	175	22	1,769
Paris, 15,649—Lamar							
Lamar County Hospital	Gen	County	30	7	49	22	766
St. Joseph's Infirmary	Gen	Church	50	6	42	12	617
Sanitarium of Paris◇	Gen	Corp	62	4	49	48	1,425
Pecos, 5,304—Reeves							
Camp and Camp Hospital	Gen	Part	20	4	50	7	386
Plainview, 5,854—Hale							
Plainview Sanit. and Clinic◇	Gen	Indiv	50	6	61	28	1,461
Port Arthur, 50,902—Jefferson							
St. Mary's Hospital, Gates Memorial◇	Gen	Church	150	17	191	50	1,504
Prairie View,—Waller							
Prairie View Hospital (col.)◇	Gen	State	50	2	20	26	867
Quanah, 4,464—Hardeman							
Quanah Hospital	Gen	Part	34	6	42	14	716
Ranger, 6,208—Eastland							
City-County Hospital	Gen	CyCo	30	3	50	10	505
West Texas Clinic Hospital	Gen	Corp	18	2	17	7	247
Riogrande, 2,283—Starr							
Station Hospital	Gen	Army	40	..	7	4	170
Rosenberg, 1,941—Ft. Bend							
Rosenberg Hospital	Gen	Indiv	14	1	16	3	670
Rusk, 3,830—Cherokee							
Rusk State Hospital	Ment	State	2,000	..	..	2,004	353
San Angelo, 25,308—Tom Green							
Rush, Schulkey, Wall and Windham Clinic-Hospital	Gen	Corp	25	5	139	16	940
St. John's Hospital	Gen	Church	21	5	70	16	550
Shannon West Texas Memorial Hospital◇	Gen	NPAssn	90	10	252	54	2,633
San Antonio, 231,542—Bexar							
Grace Lutheran Sanatorium for Tuberculosis	TB	Church	50	..	..	51	78
Dr. Kenney's Sanatorium	Gen	Indiv	75	12	47	7	375
Medical and Surgical Hosp.◇	Gen	NPAssn	100	15	217	46	2,838
Dr. Moody's Sanitarium	N&M	Corp	50	..	..	33	196
Nix Hospital	Gen	Corp	160	24	422	82	3,606

TEXAS—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Robert B. Green Memorial Hospital◇	Gen	County	130	10	122	106	3,480
San Antonio State Hospital◇	Ment	State	2,450	..	..	2,500	361
Santa Rosa Hospital◇	Gen	Church	342	44	401	116	4,662
Station Hospital◇	Gen	Army	650	16	295	444	6,358
Woodmen of the World War Memorial Hospital	TB	Frat	180	..	..	92	148
Sanatorium, 463—Tom Green							
State Tuberculosis Sanatorium	TB	State	718	..	..	697	1,980
San Marcos, 5,134—Hays							
Soldiers' and Sailors' Memorial Hospital	Gen	CyCo	25	2	17	3	207
Santa Anna, 1,883—Coleman							
Sealy Hospital◇	Gen	Indiv	31	3	73	24	1,289
Sealy, 1,640—Austin							
Sealy Hospital	Gen	Indiv	10	2	23	4	342
Seguin, 5,225—Guadalupe							
Seguin Hospital	Gen	Corp	20	2	..	3	...
Seymour, 2,626—Baylor							
Baylor County Hospital	Gen	County	20	3	54	5	280
Shamrock, 3,780—Wheeler							
Dr. Beach Sanitarium	Gen	Indiv	15	3	20	3	200
Shamrock General Hospital	Gen	Indiv	25	4	66	11	366
Sherman, 15,713—Grayson							
St. Vincent's Sanitarium	Gen	Church	50	6	67	25	882
Wilson N. Jones Hospital◇	Gen	NPAssn	60	6	91	31	1,426
Shiner, 1,573—Lavaca							
"Dr. Wagner's Hospital	Gen	Indiv	20	2	10	7	302
Slaton, 3,8.6—Lubbock							
Mercy Hospital	Gen	Church	50	6	20	3	200
Spur, 1,809—Dickens							
Spur Hospital	Gen	Part	20	4	No data supplied		
Stamford, 4,005—Jones							
Stamford Sanitarium◇	Gen	Corp	40	5	156	22	1,198
Stephenville, 5,944—Erath							
Stephenville Hospital	Gen	Corp	20	1	38	11	549
Sugar Land, 2,019—Ft. Bend							
Laura Ehlridge Hospital	Gen	NPAssn	30	3	54	2	561
Sweetwater, 10,848—Nolan							
Sweetwater Sanitarium	Gen	Indiv	16	6	50	9	713
Taylor, 7,463—Williamson							
Wedemeyer Hospital	Gen	Corp	20	5	40	12	4,000
Teague, 3,329—Freestone							
Davidson Sanitarium	Gen	Indiv	20	4	..	8	...
Temple, 15,345—Bell							
Gulf, Colorado and Santa Fe Hospital◇	Indus	NPAssn	150	..	..	45	906
Kings Daughters Clinic and Hospital◇	Gen	NPAssn	110	8	63	63	2,480
Scott and White Hospital◇	Gen	Corp	160	6	72	95	3,043
Woodson Eye, Ear, Nose and Throat Hospital	ENT	Part	14	..	No data supplied		
Terrell, 8,795—Kaufman							
Alexander-Bolton Hospital	Gen	Part	20	3	..	10	...
Terrell State Hospital	Ment	State	2,450	..	..	2,331	466
Texarkana, 16,662—Bowie							
Texarkana Hospital	Gen	Corp	40	5	50	20	802
Tyler, 17,113—Smith							
Bryant Clinic and Sanitarium	Gen	Indiv	12	3	42	10	541
Vernon, 9,127—Wilbarger							
King Hospital and Maternity Home	Gen	Indiv	25	4	45	14	298
Moore Brothers' Hospital	Gen	Part	15	3	..	7	....
Vernon Sanitarium	Gen	Indiv	30	4	56	8	341
Victoria, 7,421—Victoria							
Victoria Hospital	Gen	Corp	19	7	38	8	425
Von Ormy, 213—Bexar							
Von Ormy Cottage Sanatorium	TB	Corp	40	..	..	38	68
Waco, 52,848—McLennan							
Central Texas Baptist Sanit.	Gen	Church	65	10	120	30	1,530
Colgin Hospital and Clinic	Gen	Corp	40	2	34	13	678
Providence Sanitarium◇	Gen	Church	141	9	429	80	4,629
Veterans Admin. Facility	Ment	Vet	350	..	..	334	178
Waxahachie, 5,042—Ellis							
Waxahachie Sanitarium	Gen	Corp	22	1	59	12	541
Wellington, 3,570—Collingsworth							
Wellington Hospital	Gen	Indiv	16	3	34	5	340
Whittenburg,—Hutchinson							
Pantex Hospital of the Phillips Petroleum Company	Gen	NPAssn	12	3	56	2	140
Wichita Falls, 43,690—Wichita							
Bethania Hospital	Gen	Church	30	8	170	12	695
Wichita Falls Clinic-Hospital	Gen	Part	72	8	120	38	2,686
Wichita Falls State Hospital	Ment	State	2,185	..	..	2,075	328
Wichita General Hospital◇	Gen	CyCo	120	12	397	61	2,490
Yoakum, 5,656—Lavaca							
Huth Memorial Hospital	Gen	Church	25	10	50	8	350
Yorktown, 1,882—De Witt							
Allen Hospital	Gen	Indiv	11	2	10	..	400

Related Institutions

Arlington, 3,661—Tarrant							
Knights Templar Hospital	Inst	Frat	25	..	..	18	123
Austin, 53,120—Travis							
Austin State School	MrDv	State	1,140	..	..	1,105	....
Oaks Sanitarium	N&M	Corp	25	..	..	13	58
Texas Confederate Home Hosp.	Inst	State	100	..	..	55	100
Texas Deaf, Dumb and Blind Institute	Inst	State	30	..	..	4	100
Beeville, 4,806—Bee							
Beeville Hospital	Gen	Indiv	26	4	14	14	508
Thomas Memorial Hospital	Gen	Part	22	3	50	11	324
Bellville, 1,533—Austin							
Bellville Hospital	Gen	Part	8	1	11	3	248

Key to symbols and abbreviations is on page 798

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TEXAS—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
College Station, 40—Brazos							
Agricultural and Mechanical College Hospital	Inst	State	80	..	..	13	1,093
Crowell, 1,946—Foard							
Foard County Hospital	Gen	NPAssn	8	1	No data supplied		
Crystal City, 6,609—Zavala							
Crystal Hospital	Gen	Corp	12	2	11	3	174
Dallas, 260,475—Dallas							
"The Cedars" Maternity Sanit.	Mat	Indiv	24	4	33	9	63
Virginia K. Johnson Home and School	Mat	Church	30	10	19	3	88
Ennis, 7,069—Ellis							
Municipal Hospital	Gen	City	20	5	30	6	250
Floydada, 2,637—Floyd							
Drs. Smith and Smith Sanit.	Gen	Part	12	..	..	6	...
Forney, 1,216—Kaufman							
Forney Sanitarium	Gen	NPAssn	25	7	12	1	42
Ft. Worth, 163,477—Tarrant							
Elmwood Sanatorium	TB	CyCo	30	..	..	47	29
Howard Sanitarium	Conv	Part	14	..	..	7	31
Gilmer, 1,963—Upshur							
Ragland Clinic-Hospital	Gen	Part	15	2	42	5	383
Greenville, 12,407—Hunt							
Dr. Joe Becton's Hospital	Surg	Indiv	17	..	4	2	135
Hallettsville, 1,406—Lavaca							
Dufner Hospital	Gen	Indiv	8	1	7	3	154
Huntsville, 5,028—Walker							
Sam Houston Hospital	Gen	Indiv	15	3	12	2	180
Texas State Prison Hospital	Inst	State	137	..	..	49	1,300
Hutchins, 309—Dallas							
Dallas County Farm	Inst	CyCo	342	..	..	250	124
Kerrville, 4,546—Kerr							
Sunnyside Sanatorium	TB	Indiv	23	..	..	14	56
Luling, 5,970—Caldwell							
Luling Hospital	Gen	Part	15	4	17	4	172
Midland, 5,484—Midland							
Mid-West Hospital-Clinic	Gen	Indiv	8	3	43	2	209
Mt. Vernon, 1,222—Franklin							
Crutcher Hospital	Gen	NPAssn	10	2	..	3	80
Nixon, 1,087—Gonzales							
Crest View Hospital	Gen	Indiv	8	2	8	3	120
Pearsall, 2,536—Frio							
J. E. Beall's Day Hospital	Gen	Indiv	10	4	15	3	118
Pecos, 3,304—Reeves							
Pecos Sanitarium	Gen	Indiv	11	1	20	4	275
Poteet, 1,231—Atascosa							
Community Hospital	Gen	Indiv	7	1	12	2	91
San Antonio, 231,542—Bexar							
Dr. Farmer's Sanatorium	TB	Indiv	20	..	..	15	50
Medical Arts Hospital	Gen	Corp	33	4	71	17	1,300
Physicians and Surgeons Hosp.◇	Gen	Corp	75	12	125	23	1,140
Salvation Army Women's Home and Hospital	Mat	Church	9	15	68	4	92
Station Hospital	Gen	Army	14	..	..	5	561
South Houston, 612—Harris							
South Houston Infirmary	Gen	Fed	210	6	36	90	1,080
Southton, 89—Bexar							
Bexar County Home for the Aged and Bexar County Tuberculosis Colony	InstTb	County	72	..	..	70	93
Strawn, 1,429—Palo Pinto							
Strawn Hospital	Gen	Part	5	2	30	1	50
Taylor, 7,463—Williamson							
Dr. Floeckinger's Sanitarium	Gen	Indiv	5	2	No data supplied		
Tulia, 2,202—Swisher							
Swisher County Hospital	Gen	County	13	3	13	4	150
Wichita Falls, 43,690—Wichita							
Dr. White's Sanitarium	N&M	Corp	18	..	..	5	84
Winters, 2,423—Runnels							
Winters Sanitarium	Gen	Part	10	..	8	2	118

Summary for Texas:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	242	27,641	20,993	258,116
Related institutions	46	2,698	2,079	12,311
Totals	288	30,339	23,072	270,427
Refused registration	23	521		

UTAH

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Bingham Canyon, 3,248—Salt Lake							
Bingham Canyon Hospital	Gen	Indiv	40	5	17	12	409
Brigham, 5,093—Box Elder							
Cooley Memorial Hospital	Gen	Indiv	21	10	..	..	...
Cedar City, 3,615—Iron							
Iron County Hospital	Gen	County	25	10	190	15	701
Ft. Douglas,—Salt Lake							
Station Hospital	Gen	Army	30	..	..	21	619
Ft. Duchesne, 100—Uintah							
Uintah and Ouray Agency Indian Hospital	Gen	I A	20	5	38	13	244
Heber, 2,477—Wasatch							
Heber Hospital	Gen	Indiv	14	4	..	4	...
Lehi, 2,826—Utah							
Lehi Hospital	Gen	Indiv	14	12	64	5	200

UTAH—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Logan, 9,979—Cache							
Cache Valley General Hospital	Gen	NPAssn	30	8	170	22	670
William Budge Memorial Hosp.◇	Gen	NPAssn	60	14	220	38	2,298
Moab, 853—Grand							
Grand County Public Hospital	Gen	County	16	4	No data supplied		
Ogden, 40,272—Weber							
Thomas D. Dee Memorial Hospital*◇	Gen	Church	155	30	1,003	100	4,294
Park City, 4,281—Summit							
Park City Miners' Hospital	Gen	NPAssn	30	10	59	16	448
Price, 4,084—Carbon							
Price City Hospital	Gen	City	32	9	37	24	629
Provo, 14,766—Utah							
Aird Hospital	Gen	Part	20	..	2	6	371
Utah State Hospital	Ment	State	1,066	..	..	1,004	221
St. George, 2,434—Washington							
Washington County Hospital	Gen	Corp	20	5	73	9	417
Salina, 1,283—Sevier							
Salina Hospital	Gen	Corp	20	4	41	7	395
Salt Lake City, 140,267—Salt Lake							
Dr. W. H. Groves Latter-Day Saints Hospital**◇	Gen	Church	406	60	1,225	201	5,730
Holy Cross Hospital*◇	Gen	Church	225	45	613	85	2,909
Primary Children's Hospital	Chil	Church	35	..	..	22	78
St. Mark's Hospital*◇	Gen	Church	149	12	304	105	2,632
Salt Lake General Hospital**◇	Gen	County	233	23	472	181	2,976
Shriners Hospital for Crippled Children	Orth	Frat	20	..	..	20	74
Veterans Admin. Facility	Gen	Vet	104	..	..	89	897
Tremonton, 1,089—Box Elder							
Valley Hospital	Gen	NPAssn	20	8	57	7	437
Vernal, 1,744—Uintah							
Vernal Hospital	Gen	Indiv	11	..	No data supplied		

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
American Fork, 3,047—Utah							
Utah State Training School	MeDe	State	370	..	..	266	156
Brigham, 5,093—Box Elder							
Pearse Private Hospital	Gen	Indiv	12	2	..	3	...
Fillmore, 1,374—Millard							
Fillmore Hospital	Gen	Indiv	5	..	6	2	40
Hiawatha, 989—Carbon							
U. S. Fuel Company Hospital	Gen	Corp	10	1	No data supplied		
Milford, 1,517—Beaver							
Milford Hospital	Gen	Indiv	10	3	15	3	280
Murray, 5,172—Salt Lake							
Cottonwood Stake Maternity Hospital	Mat	Church	19	19	207	5	218
Richfield, 3,067—Sevier							
Richfield General Hospital	Gen	Indiv	8	..	..	2	40
Spanish Fork, 3,727—Utah							
Hughes Memorial Hospital	Gen	Indiv	8	3	10	3	100

Summary for Utah:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	26	2,856	2,006	28,016
Related institutions	9	447	294	1,034
Totals	35	3,303	2,300	29,050
Refused registration	0			

VERMONT

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Barre, 11,307—Washington							
Barre City Hospital◇	Gen	Corp	50	12	210	34	1,200
Washington County Sanat.	TB	State	47	..	..	42	43
Bellows Falls, 3,930—Windham							
Rockingham General Hospital◇	Gen	NPAssn	37	7	107	..	...
Bennington, 7,390—Bennington							
Henry W. Putnam Memorial Hospital	Gen	NPAssn	86	20	168	43	967
Brattleboro, 8,709—Windham							
Brattleboro Memorial Hosp.◇	Gen	NPAssn	50	5	25	28	718
Brattleboro Retreat	Ment	NPAssn	700	..	..	674	302
Burlington, 24,789—Chittenden							
Bishop DeGoesbriand Hosp.*◇	Gen	Church	112	10	214	80	2,787
Green Mountain Sanatorium	Gen	Indiv	12	..	..	7	...
Lakeview Sanatorium	N&M	Corp	20	..	..	13	83
Mary Fletcher Hospital*◇	Gen	NPAssn	135	15	439	113	4,787
Ft. Ethan Allen, 106—Chittenden							
Station Hospital	Gen	Army	83	..	..	71	1,460
Hardwick, 1,667—Caledonia							
Hardwick Hospital	Gen	Corp	12	6	25	5	150
Middlebury, 2,003—Addison							
Porter Memorial Hospital	Gen	NPAssn	45	10	52	9	502
Montpelier, 7,837—Washington							
Heaton Hospital◇	Gen	Corp	70	8	180	49	1,645
Morrisville, 1,822—Lamoille							
Copley Hospital	Gen	NPAssn	33	5	69	16	458
Newport, 5,094—Orleans							
Orleans County Memorial Hospital◇	Gen	NPAssn	26	6	61	14	447
Pittsford, 673—Rutland							
Vermont Sanatorium	TB	State	75	..	..	68	93
Proctor, 2,515—Rutland							
Proctor Hospital	Gen	NPAssn	35	7	30	7	302

Key to symbols and abbreviations is on page 796

VERMONT—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Randolph, 1,557—Orange							
Gifford Memorial Hospital⊙	Gen	NPAssn	40	10	79	22	518
Rutland, 17,351—Rutland							
Rutland Hospital⊙	Gen	Corp	110	16	248	71	2,509
St. Albans, 8,059—Franklin							
St. Albans Hospital⊙	Gen	NPAssn	45	5	90	35	1,424
Sherwood Sanitarium	Gen	Indiv	10	..	10	5	50
St. Johnsbury, 7,620—Caledonia							
Irrighiook Hospital⊙	Gen	NPAssn	52	12	89	39	606
St. Johnsbury Hospital	Gen	Church	30	5	15	11	310
Springfield, 4,943—Windsor							
Springfield Hospital	Gen	NPAssn	30	6	70	14	351
Waterbury, 1,776—Washington							
Vermont State Hospital for the Insane⊙	Ment	State	1,050	..	..	967	365
Winooski, 5,308—Chittenden							
Fanny Allen Hospital⊙	Gen	Church	75	10	100	43	1,248
Related Institutions							
Bennington, 7,300—Bennington							
Vermont Soldiers' Home Hosp.	Inst	State	24	..	..	6	...
Brandon, 2,881—Rutland							
Brandon State School	MeDe	State	300	..	..	280	36
Pittsford, 657—Rutland							
Caverly Preventorium	TB	NPAssn	44	..	..	44	95
Windsor, 3,689—Windsor							
Vermont State Prison Hospital	Inst	State	8	..	..	2	102
Windsor Hospital	Gen	NPAssn	9	4	32	5	166

Summary for Vermont:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	27	3,078	2,480	24,089
Related institutions	5	385	340	464
Totals	32	3,463	2,820	24,553
Refused registration	1			

VIRGINIA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Abingdon, 2,877—Washington							
George Ben Johnston Memorial Hospital⊙	Gen	NPAssn	60	5	57	21	1,195
Alexandria, 24,149—Arlington							
Alexandria Hospital	Gen	NPAssn	100	16	351	59	4,462
Appalachia, 3,595—Wise							
Appalachia Masonic Hospital	Gen	Frat	12	2	No data supplied		
Bedford, 3,713—Bedford							
John Russell Hospital	Gen	Corp	21	2	11	9	158
Bristol, 8,840—Washington							
King's Mountain Memorial Hosp.	Gen	NPAssn	50	7	154	18	922
Brook Hill, 18—Henrico							
Pine Camp Hospital	TB	City	214	..	..	150	116
Burkeville, 755—Nottoway							
Piedmont Sanatorium (col.)	TB	State	150	..	..	142	205
Catawba Sanatorium, 55—Roanoke							
Catawba Sanatorium	TB	State	340	..	..	307	420
Charlottesville, 15,245—Albemarle							
Blue Ridge Sanatorium	TB	State	270	..	..	250	336
Martha Jefferson Hospital and Sanitarium	Gen	NPAssn	50	10	129	22	1,013
Christiansburg, 1,970—Montgomery							
New Altamont Hospital	Gen	Corp	25	10	58	14	902
Clifton Forge, 6,838—Alleghany							
Chesapeake and Ohio Railway Hospital⊙	Gen	NPAssn	100	7	88	72	2,731
Clintwood, 729—Dickenson							
Dickenson County Hospital	Gen	Indiv	20	3	36	9	563
Coeburn, 784—Wise							
Coeburn Hospital	Gen	Part	50	..	16	15	301
Dante, 811—Russell							
Clinchfield Hospital	Gen	NPAssn	25	4	14	12	641
Danville, 22,247—Pittsylvania							
Hillside Sanatorium⊙	TB	NPAssn	60	..	..	45	75
Memorial Hospital⊙	Gen	NPAssn	100	8	324	66	3,564
Farmville, 3,153—Prince Edward							
Southside Community Hospital	Gen	NPAssn	50	10	68	25	1,155
Ft. Belvoir, —Fairfax							
Station Hospital	Gen	Army	35	..	..	12	452
Ft. Myer, 1,050—Arlington							
Station Hospital	Gen	Army	53	..	..	25	675
Fortress Monroe, 1,365—Elizabeth City							
Station Hospital	Gen	Army	115	6	94	62	1,645
Franklin, 2,930—Southampton							
Raiford Hospital	Gen	Indiv	25	3	56	13	408
Fredericksburg, 6,819—Spotsylvania							
Mary Washington Hospital	Gen	NPAssn	75	10	156	51	1,877
Galax, 2,544—Grayson							
Galax Hospital and Clinic	Gen	Corp	31	3	9	12	398
Hampton, 6,382—Elizabeth City							
Dixie Hospital⊙	Gen	NPAssn	70	10	85	25	908
Harrisonburg, 7,232—Rockingham							
Rockingham Memorial Hosp.⊙	Gen	NPAssn	120	7	178	100	3,921
Hopewell, 11,327—Prince George							
Community Hospital	Gen	NPAssn	28	3	23	4	189
Hot Springs, 1,010—Bath							
Community House	Gen	NPAssn	13	4	18	5	278

VIRGINIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Langley Field,—Elizabeth City							
Station Hospital	Gen	Army	50	..	..	21	763
Leesburg, 1,640—Loudoun							
Loudoun County Hospital	Gen	County	28	8	38	16	470
Lexington, 3,752—Rockbridge							
Stonewall Jackson Memorial Hospital	Gen	NPAssn	42	8	40	23	1,277
Luray, 1,430—Page							
Page Memorial Hospital	Gen	NPAssn	19	3	17	9	124
Lynchburg, 40,661—Campbell							
Guggenheimer Memorial Hospital	Children's	Unit of Marshall Lodge Memorial Hosp.					
Lynchburg General Hospital⊙	Gen	City	102	10	208	75	2,295
Marshall Lodge Memorial Hosp.	Gen	Frat	125	8	122	55	2,058
Virginia Baptist Hospital⊙	Gen	Church	60	16	160	31	930
Marion, 4,136—Smyth							
Southwestern State Hospital	Ment	State	1,240	..	..	1,161	397
Nassawadox, 475—Northampton							
Northampton-Accomac Memorial Hospital	Gen	County	45	5	39	19	682
Newport News, 34,427—Warwick							
Elizabeth Buxton Hospital⊙	Gen	Indiv	100	10	78	30	1,204
Riverside Hospital⊙	Gen	NPAssn	80	12	259	42	1,586
Whittaker Memorial Hospital (col.)	Gen	NPAssn	44	4	24	10	425
Norfolk, 127,796—Norfolk							
Charles B. Grandy Sanatorium	TB	City	85	..	..	84	86
Henry A. Wise Hospital for Contagious Diseases	Iso	City	30	..	..	6	199
Hospital of St. Vincent de Paul⊙	Gen	Church	228	22	230	112	4,089
Norfolk Community Hospital (col.)	Gen	NPAssn	35	5	61	11	280
Norfolk Memorial Hospital⊙	Gen	NPAssn	50	8	197	29	1,240
Norfolk Protestant Hosp.⊙⊙	Gen	Church	175	25	510	113	5,210
Sarah Leigh Hospital	Gen	NPAssn	50	10	70	32	970
U. S. Marine Hospital⊙	Gen	USPHS	300	..	..	242	2,726
Norton, 3,077—Wise							
Norton Hospital	Gen	Indiv	30	2	5	10	395
Petersburg, 606—Giles							
St. Elizabeth's General Hosp.	Gen	Corp	20	1	No data supplied		
Pennington Gap, 1,353—Lee							
Lee General Hospital	Gen	Corp	25	2	9	21	883
Petersburg, 29,384—Dinwiddie							
Central State Hospital (col.)	Ment	State	3,171	..	..	3,114	687
Medical Center Hospital	Unit of Central State Hospital						
Petersburg Hospital⊙	Gen	NPAssn	80	7	64	35	1,586
Portsmouth, 45,704—Norfolk							
Kings Daughters Hospital⊙	Gen	NPAssn	98	8	196	61	1,976
Norfolk Naval Hospital	Gen	Navy	613	..	..	230	2,340
Parrish Memorial Hospital⊙	Gen	Corp	40	10	148	21	1,153
Pulaski, 7,168—Pulaski							
Pulaski Hospital	Gen	Corp	30	6	55	18	625
Radford, 6,227—Montgomery							
St. Albans Sanatorium	N&M	Indiv	35	..	..	30	138
Richlands, 1,355—Tazewell							
Mattie Williams Hospital	Gen	Indiv	30	..	No data supplied		
Richmond, 182,929—Henrico							
Crippled Children's Hospital	Unit of Medical College of Virginia Hospital Division						
Dooley Hospital	Unit of Medical College of Virginia Hospital Division						
Grace Hospital	Gen	Corp	75	10	152	42	2,425
Johnston-Willis Hospital⊙⊙	Gen	Corp	111	15	386	66	2,708
Medical College of Virginia Hospital Division⊙⊙	Gen	NPAssn	421	18	480	353	9,402
Memorial Hospital	Unit of Medical College of Virginia Hospital Division						
Retreat for the Sick	Gen	NPAssn	90	10	184	39	1,470
St. Elizabeth's Hospital⊙	Gen	Corp	56	..	..	32	1,089
St. Luke's Hospital⊙	Gen	Corp	72	10	..	49	...
St. Philip Hosp. (col.)⊙	Unit of Medical College of Virginia Hosp. Division						
Sheltering Arms Hospital	Gen	NPAssn	75	5	128	71	1,363
Stuart Circle Hospital⊙⊙	Gen	Corp	84	18	196	56	2,621
Tucker Sanatorium	Nerv	NPAssn	52	..	..	26	365
Westbrook Sanatorium	N&M	Corp	150	..	..	92	402
Roanoke, 69,206—Roanoke							
Burrell Memorial Hosp. (col.)	Gen	NPAssn	40	4	No data supplied		
Gill Memorial Eye, Ear and Throat Hospital	ENT	Corp	25	..	..	6	598
Jefferson Hospital⊙⊙	Gen	Corp	200	10	159	60	2,329
Lewis-Gale Hospital⊙	Gen	Corp	72	6	45	40	1,760
Roanoke Hospital⊙	Gen	NPAssn	97	13	165	40	1,612
Shenandoah Hospital	Gen	Corp	50	8	87	21	1,071
Veterans Admin. Facility	Ment	Vet	472	..	..	New	...
Salem, 4,833—Roanoke							
Mount Regis Sanatorium	TB	Corp	18	..	..	13	34
Saltville, 2,964—Smyth							
Mathieson Hospital	Gen	Corp	12	3	19	3	218
South Boston, 4,841—Halifax							
Halcyon Hospital	Gen	Corp	30	6	..	5	...
South Boston Hospital	Gen	Indiv	38	4	23	19	833
Staunton, 11,990—Augusta							
Kings Daughters Hospital	Gen	NPAssn	82	10	100	34	1,225
Suffolk, 10,271—Nansemond							
Lakeview Hospital	Gen	Corp	50	5	58	28	1,040
Virginia General Hospital	Gen	NPAssn	25	5	..	7	283
University, 1,125—Albemarle							
University of Virginia Hosp.⊙⊙	Gen	State	300	30	517	213	6,681
Veterans Administration Home, 3,875—Elizabeth City							
Veterans Admin. Facility	Gen	Vet	810	..	..	600	744
Warrenton, 1,450—Fauquier							
Fauquier County Hospital	Gen	NPAssn	28	5	71	10	520
Williamsburg, 3,778—James City							
Eastern State Hospital	Ment	State	1,528	..	..	1,432	423

Key to symbols and abbreviations is on page 789

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VIRGINIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Winchester, 10,855—Frederick							
Winchester Memorial Hospital	Gen	NPAssn	100	20	174	58	2,032
Related Institutions							
Beaumont,—Powhatan							
Virginia Industrial School for Boys	Inst	State	24	..	..	12	501
Bristol, 8,840—Washington							
St. Ann's Hospital	Gen	Indiv	14	3	No data supplied		
Clover, 251—Halifax							
Little Retreat Hospital	Gen	Indiv	4	2	21	2	92
Colony, 30—Amherst							
State Colony for Epileptics and Feebleminded	MeDe	State	1,100	..	..	1,097	305
Danville, 22,247—Pittsylvania							
Providence Hospital (col.)	Gen	NPAssn	60	1	No data supplied		
Falls Church, 2,019—Fairfax							
Gundry Home and Training School for Feebleminded	MeDe	Indiv	80	..	..	78	8
Lawrenceville, 1,629—Brunswick							
Loulie Taylor Letcher Memorial Hospital (col.)	Inst	Church	24	..	..	9	124
Lebanon, 568—Russell							
Lebanon General Hospital	Gen	Indiv	15	2	15	5	160
Martinsville, 7,765—Henry							
St. Mary Hospital (col.)	Gen	Indiv	14	2	8	5	132
Shackelford Hospital	Gen	Indiv	50	6	21	20	846
Norfolk, 129,710—Norfolk							
Children's Clinic of the Kings Daughters	Chil	NPAssn	26	..	..	10	341
Florence Crittenton Home	Mat	NPAssn	30	4	17	3	42
McCoy-Stokes Eye, Ear, Nose and Throat Hospital	ENT	Part	10	..	..	2	242
Richmond, 182,929—Henrico							
City Home	G&Inst	City	220	14	104	240	320
City Tuberculosis Sanatorium	Unit of the City Home						
Convalescent Home Hospital	Conv	Indiv	45	2	2	28	46
Lee Camp Soldiers' Home Hosp.	Inst	State	50	..	..	36	11
Penitentiary Hospital	Inst	State	30	..	..	30	..
State Farm, 83—Goochland							
State Farm Hospital	Inst	State	72	..	..	33	719
Staunton, 11,866—Augusta							
DeJarnette Sanatorium	Unit of Western State Hospital						
Western State Hospital	Ment	State	2,500	..	..	2,150	1,191
Stonega, 251—Wise							
Stonega Hospital	Indus	NPAssn	18	..	..	6	95
Sweet Briar, 114—Amherst							
Sweet Briar College Infirmary	Inst	NPAssn	20	..	..	2	197
Toms Creek, 781—Wise							
Toms Creek Hospital	Indus	NPAssn	15	..	1	5	98
Waynesboro, 6,226—Augusta							
Weems-Watkins Hospital	Gen	Part	8	5	47	3	113

Summary for Virginia:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	89	14,359	10,970	110,972
Related institutions	21	4,411	3,740	5,711
Totals	110	18,770	14,710	116,683
Refused registration	7	33		

WASHINGTON

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Aberdeen, 21,723—Grays Harbor							
Aberdeen General Hospital	Gen	Corp	65	..	..	48	806
St. Joseph's Hospital◇	Gen	Church	60	14	221	63	1,485
American Lake,—Pierce							
Veterans Admin. Facility	Ment	Vet	676	..	..	676	179
Anacortes, 3,364—Skagit							
Anacortes Hospital	Gen	Corp	24	4	44	8	453
Auburn, 3,906—King							
Suburban Hospital	Gen	Part	40	6	34	5	210
Bellingham, 30,823—Whatcom							
St. Frances Hospital	Gen	Indiv	17	4	68	8	180
St. Joseph's Hospital◇	Gen	Church	100	14	260	64	1,456
St. Luke's General Hospital	Gen	NPAssn	60	12	231	51	1,470
Bremerton, 10,170—Kitsap							
U. S. Naval Hospital	Gen	Navy	337	..	..	167	1,709
Burlington, 1,407—Skagit							
Burlington General Hospital	Gen	Indiv	30	7	No data supplied		
Centralia, 8,058—Lewis							
St. Luke's Hospital and Sweet Clinic	Gen	Corp	40	7	79	11	416
Chehalis, 4,907—Lewis							
St. Helen's Hospital	Gen	Church	35	6	86	11	460
Chewelah, 1,315—Stevens							
St. Joseph's Hospital	Gen	Church	19	4	36	14	328
Colfax, 2,782—Whitman							
St. Ignatius Hospital◇	Gen	Church	50	9	119	41	1,480
Colville, 1,803—Stevens							
Mt. Carmel Hospital	Gen	Part	25	6	25	16	500
Ellensburg, 4,021—Kittitas							
Ellensburg General Hospital	Gen	Corp	25	8	80	11	543
Elma, 1,545—Grays Harbor							
Conway Hospital	Gen	Indiv	14	4	36	5	142
Oakhurst Sanatorium	TB	County	60	..	..	60	92

WASHINGTON—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Everett, 30,567—Snohomish							
General Hospital◇	Gen	NPAssn	84	16	290	45	2,175
Providence Hospital◇	Gen	Church	101	16	237	38	1,250
Forks, 80—Clallam							
Olympia Hospital	Gen	Indiv	20	4	33	8	310
Ft. Lewis, 6,050—Pierce							
Station Hospital	Gen	Army	100	6	90	86	1,530
Ft. Stellacoom,—Pierce							
Western State Hospital	Ment	State	2,200	..	..	2,220	660
Ft. Worden (Port Townsend P.O.), 14—Jefferson							
Station Hospital	Gen	Army	40	..	..	15	345
Hoquiam, 12,766—Grays Harbor							
Hoquiam General Hospital	Gen	Corp	65	..	146	44	1,253
Kirkland, 1,714—King							
Kirkland Hospital	Gen	Indiv	12	4	19	4	140
Lakeview, 325—Pierce							
Mountain View Sanatorium	TB	County	142	..	..	127	262
Leavenworth, 1,415—Chelan							
Cascade Sanitarium	Gen	NPAssn	35	6	65	17	1,397
Longview, 10,652—Cowlitz							
Longview Memorial Hospital	Gen	Corp	80	16	180	22	1,220
Mason City,—Okanogan							
Washington Hospital	Gen	NPAssn	40	5	50	31	921
Medical Lake, 1,671—Spokane							
Eastern State Hospital	Ment	State	1,620	..	..	1,610	388
Mt. Vernon, 3,893—Skagit							
Mt. Vernon General Hospital	Gen	Indiv	30	6	28	12	432
Newport, 1,060—Pend Oreille							
Newport Community Hospital	Gen	NPAssn	20	4	46	9	332
Olympia, 11,733—Thurston							
St. Peter's Hospital◇	Gen	Church	100	15	153	51	2,180
Oroville, 800—Okanogan							
Oroville General Hospital	Gen	Indiv	10	6	42	6	233
Pasco, 3,496—Franklin							
Our Lady of Lourdes Hospital	Gen	Church	60	9	130	32	1,218
Port Angeles, 10,188—Clallam							
Davidson and Hay Hospital	Gen	Part	40	8	77	16	703
Port Angeles General Hosp.◇	Gen	NPAssn	80	10	107	33	1,321
Port Townsend, 3,979—Jefferson							
St. John's Hospital	Gen	Church	95	9	93	30	562
Puyallup, 7,094—Pierce							
Puget Sound Sanatorium	N&M	Corp	30	..	..	18	71
Renton, 4,662—King							
Renton Hospital	Gen	Indiv	28	6	81	5	215
Richmond Highlands, 34—King							
Firland Sanatorium and Isolation Hospital	TbIs	City	220	..	..	210	168
Seattle, 365,583—King							
Ballard Accident and General Hospital	Gen	Corp	31	10	97	14	856
Children's Orthopedic Hosp.◇◇	Orth	NPAssn	132	..	..	125	1,304
Columbus Hospital◇◇	Gen	Church	200	30	324	78	2,320
King County Hospital, Unit No. 1 (Harborview)◇◇	Gen	County	394	51	941	332	9,742
King County Tuberculosis Hosp.	TB	County	170	..	..	156	137
Laurel Beach Sanatorium	TB	Part	50	..	..	44	124
Maynard Hospital	Gen	NPAssn	25	4	418	20	1,629
Meadows Sanatorium	N&M	Corp	35	..	..	18	152
Providence Hospital◇◇	Gen	Church	346	54	747	190	5,383
Riverton Sanatorium	TB	NPAssn	60	..	..	28	65
St. Luke's Hospital	Gen	Corp	48	15	130	16	695
Seattle General Hospital◇◇	Gen	NPAssn	100	20	384	62	2,352
Station Hospital	Gen	Army	30	..	..	6	208
Swedish Hospital◇◇	Gen	NPAssn	195	65	682	124	4,356
U. S. Marine Hospital◇	Gen	USPHS	400	..	..	321	2,886
Virginia Mason Hospital◇◇	Gen	NPAssn	150	30	300	80	3,057
Sedro Woolley, 2,719—Skagit							
Memorial Hospital	Gen	NPAssn	35	7	24	7	380
Northern State Hosp. and State Narcotic Farm Colony	MentDrug	State	1,658	..	..	1,548	338
Shelton, 3,091—Mason							
Shelton General Hospital	Gen	NPAssn	34	5	86	19	705
Snohomish, 2,688—Snohomish							
Aldercrest Sanatorium	TB	County	40	..	..	39	28
Snohomish General Hospital	Gen	Indiv	14	3	58	5	288
South Bend, 1,726—Pacific							
South Bend General Hospital	Gen	Part	25	6	50	10	330
Spokane, 115,514—Spokane							
Deaconess Hospital◇◇	Gen	Church	197	50	533	131	4,463
Edgecliff Sanatorium◇	TB	County	160	..	..	112	125
Sacred Heart Hospital◇◇	Gen	Church	276	40	736	246	6,367
St. Luke's Hospital◇◇	Gen	NPAssn	173	15	243	112	3,073
Shriners Hospital for Crippled Children	Orth	Frat	20	..	..	20	107
Station Hospital	Gen	Army	100	..	..	70	1,008
Tacoma, 106,817—Pierce							
Northern Pacific Beneficial Association Hospital	Gen	NPAssn	111	9	26	48	1,695
Pierce County Hospital◇	Gen	County	197	22	537	231	3,983
St. Joseph's Hospital◇◇	Gen	Church	300	70	516	69	3,067
Tacoma General Hospital◇◇	Gen	NPAssn	185	35	541	80	4,104
Tacoma Hospital	G&TB	I A	265	..	..	238	1,070
Tonasket, 513—Okanogan							
Tonasket Hospital	Gen	Indiv	10	4	14	4	131
Toppenish, 3,774—Yakima							
Yakima Sanitarium	TB	I A	57	..	..	38	66
Vancouver, 15,703—Clark							
Clark County Hospital	Gen	County	35	8	76	27	548
Clark General Hospital	Gen	NPAssn	40	12	151	21	915
St. Joseph's Hospital◇	Gen	Church	125	12	43	43	1,173
Station Hospital	Gen	Army	85	..	..	45	1,372

Key to symbols and abbreviations is on page 786

WASHINGTON—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Walla Walla, 15,076—Walla Walla							
St. Mary's Hospital†	Gen	Church	100	17	164	50	2,361
Veterans Admin. Facility	G&TB	Vet	400	..	..	279	1,042
Walla Walla Sanitarium and Hospital	Gen	Church	50	9	141	21	808
Wenatchee, 11,627—Chelan							
Central Washington Deaconess Hospital†	Gen	Church	47	10	258	38	1,323
St. Anthony's Hospital†	Gen	Church	75	10	221	30	1,015
Yakima, 22,101—Yakima							
St. Elizabeth's Hospital†	Gen	Church	146	20	624	100	3,925
Yakima County Hospital	Gen	County	50	8	71	36	863
Related Institutions							
Chehalis, 4,967—Lewis							
State Training School for Boys	Inst	State	25	..	..	5	320
Cle Elum, 2,508—Kittitas							
Roslyn Cle Elum Beneficial Company Hospital	Gen	NPAssn	20	1	2	10	516
Ione, 284—Pend Oreille							
Ione Hospital	Gen	Indiv	11	3	24	3	420
Lakeview, 372—Pierce							
Sunnycroft Sanatorium	N&M	Indiv	10	..	..	3	...
Medical Lake, 1,671—Spokane							
State Custodial School	MeDe	State	1,500	..	..	1,468	120
Monroe, 1,570—Snohomish							
Monroe General Hospital	Gen	Indiv	15	4	36	5	240
Snohomish County Hospital and Farm	Inst	County	32	6	3	30	136
Mt. Vernon, 3,049—Skagit							
Rowley General Hospital	Gen	Indiv	21	6	No data supplied		
Seattle, 365,583—King							
Florence Crittenton Home	Mat	NPAssn	28	15	33	18	87
Freedlander's Sanitarium	Conv	Indiv	12	..	..	6	75
King County Hospital, Unit No. 2	Inst	County	275	..	..	264	542
Mason Sanitarium	Conv	Corp	25	..	..	12	...
Mt. Baker Sanitarium	Conv	Indiv	15	..	..	12	56
Rest-Haven Sanitarium	Conv	Indiv	15	..	..	6	...
University of Washington Health Service Infirmary	Inst	State	45	..	..	11	1,292
Sequim, 524—Clallam							
Sequim Prairie Hospital	Gen	Indiv	12	5	No data supplied		
Spangle, 218—Spokane							
Spokane County Hospital	Inst	County	100	..	..	75	306
Spokane, 115,514—Spokane							
Florence Crittenton Home	Mat	NPAssn	32	10	92	12	48
Rivercrest Hospital	Iso	City	100	..	..	9	156
Salvation Army Women's Hospital and Home	Mat	Church	40	28	83	21	128
Sprague, 639—Lincoln							
Sprague Hospital	Gen	Indiv	10	5	25	2	53
Steilacoom, 722—Pierce							
U. S. Penitentiary Hospital	Inst	Fed	86	..	..	63	972
Sumas, 647—Whatcom							
Merrilyn Cottage Hospital	Gen	Indiv	7	3	No data supplied		
Sumas General Hospital	Gen	Indiv	12	2	9	1	33
Tacoma, 106,817—Pierce							
Bellevue Sanatorium	TB	Indiv	15	..	..	..	34
City Contagious Hospital	Iso	City	30	..	..	5	112
White Shield Home	Mat	NPAssn	30	10	54	10	37
Tulalip, 630—Snohomish							
Tulalip Indian School Hospital	Gen	I A	14	4	32	11	350
Walla Walla, 15,976—Walla Walla							
Blue Mountain Sanatorium	TB	County	40	..	..	30	34
Washington State Penitentiary Hospital	Inst	State	70	..	No data supplied		

Summary for Washington:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	88	13,975	11,208	116,397
Related institutions	31	2,649	2,264	6,702
Totals	119	16,624	13,472	123,099
Refused registration	20	464		

WEST VIRGINIA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Beckley, 9,337—Raleigh							
Beckley Hospital	Gen	Part	155	10	162	107	7,547
Pinecrest Sanitarium	TB	State	143	..	..	139	154
Raleigh General Hospital†	Gen	Corp	60	4	39	35	1,150
Bluefield, 19,539—Mercer							
Bluefield Sanitarium	Gen	Corp	100	6	92	59	3,330
Brown's Hospital (col.)†	Gen	Indiv	42	3	10	17	...
Providence Hospital (col.)	Gen	Indiv	25	2	..	4	150
St. Luke's Hospital†	Gen	Corp	75	8	54	30	1,308
Burkhannon, 4,574—Upshur							
St. Joseph's Hospital	Gen	Church	30	6	35	21	580
Charleston, 60,408—Kanawha							
Charleston General Hosp.**†	Gen	Corp	185	15	154	140	4,046
Kanawha Valley Hospital†	Gen	Corp	110	12	..	80	...
McMillan Hospital†	Gen	Indiv	90	10	74	37	1,751
Mountain State Hospital†	Gen	Corp	85	10	97	41	2,181
St. Francis Hospital†	Gen	Church	80	10	144	45	1,601
Salvation Army Hospital	Gen	Church	28	4	43	15	440
Staats Hospital	Gen	Corp	44	6	59	31	1,611

WEST VIRGINIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Charles Town, 2,494—Jefferson							
Charles Town General Hospital	Gen	NPAssn	25	4	19	..	255
Clarksburg, 28,866—Harrison							
St. Mary's Hospital†	Gen	Church	125	12	134	55	2,110
Union Protestant Hospital†	Gen	NPAssn	52	10	103	30	1,138
Elkins, 7,345—Randolph							
Davis Memorial Hospital†	Gen	Corp	100	8	50	56	2,174
Elkins City Hospital†	Gen	Indiv	65	6	30	24	875
Fairmont, 25,150—Marion							
Cook Hospital†	Gen	Corp	100	10	137	70	2,573
Fairmont Emergency Hospital†	Gen	State	60	5	20	50	993
Glen Dale, 1,495—Marshall							
Reynolds Memorial Hospital†	Gen	Church	80	10	74	25	848
Hinton, 6,654—Summers							
Hinton Hospital†	Gen	Corp	71	4	13	32	753
Holden, 2,846—Logan							
Holden Hospital	Gen	NPAssn	30	1	1	11	612
Hopemont, 65—Preston							
Conley Hospital	Unit of Hopemont Sanitarium						
Hopemont Sanitarium†	TB	State	400	..	..	386	313
Huntington, 75,572—Cabell							
Chesapeake and Ohio Railway Hospital†	Gen	NPAssn	110	20	32	90	2,065
Huntington City Hospital	Gen	City	30	2	266	30	823
Huntington Memorial Hosp.†	Gen	Corp	150	6	74	63	1,828
Huntington Orthopedic Hosp.	Orth	NPAssn	50	..	..	30	732
Moore-Beckner Eye, Ear and Throat Hospital	ENT	Indiv	10	..	..	3	311
St. Mary's Hospital††	Gen	Church	100	20	258	61	4,182
Veterans Admin. Facility	Gen	Vet	210	..	..	193	1,785
Kenova, 3,040—Wayne							
Rife-Ferguson Hospital	Gen	Part	10	2	15	6	300
Keyser, 6,536—Mineral							
Potomac Valley Hospital†	Gen	Corp	45	8	54	33	1,597
Lakin,—Mason							
Lakin State Hospital (col.)	Ment	State	450	..	..	315	94
Logan, 4,396—Logan							
Logan General Hospital	Gen	Corp	100	8	..	45	...
Marlinton, 1,586—Pocahontas							
Pocahontas Memorial Hospital	Gen	County	32	2	20	11	615
Martinsburg, 14,857—Berkeley							
City Hospital†	Gen	NPAssn	60	8	42	28	1,015
Kings Daughters Hospital†	Gen	NPAssn	60	6	60	25	777
McKendree, 117—Fayette							
McKendree Emergency Hosp.†	Gen	State	65	6	26	47	947
Montgomery, 2,906—Fayette							
Coal Valley Hospital†	Gen	Corp	65	5	23	58	2,983
Morgantown, 16,186—Monongalia							
City Hospital†	Gen	Indiv	60	8	50	25	860
Eastmont Tuberculosis Sanat.	TB	NPAssn	35	..	..	30	35
Monongalia County Hospital	Gen	County	65	8	74	41	1,214
Mullens, 2,356—Wyoming							
Mullens Hospital	Gen	Indiv	38	2	17	11	708
New Martinsville, 2,814—Wetzel							
Wetzel County Hospital	Gen	NPAssn	30	4	18	12	3,000
Oak Hill, 2,076—Fayette							
Oak Hill Hospital	Gen	Part	30	5	37	25	1,812
Parkersburg, 29,623—Wood							
Camden-Clark Memorial Hosp.†	Gen	City	60	12	166	45	1,524
St. Joseph's Hospital†	Gen	Church	150	10	157	60	2,036
Philippi, 1,767—Barbour							
Myers Clinic Hospital	Gen	Part	20	3	8	14	701
Princeton, 6,955—Mercer							
Mercer Memorial Hospital	Gen	NPAssn	48	4	22	27	846
Princeton Hospital	Gen	Corp	36	4	14	10	348
Richwood, 5,720—Nicholas							
McClung Hospital	Gen	Corp	50	4	22	8	327
Sacred Heart Hospital	Gen	Church	35	6	25	12	402
Ronceverte, 2,254—Greenbrier							
Greenbrier Valley Hospital†	Gen	Corp	50	4	25	35	650
Sisterville, 3,072—Tyler							
Sisterville General Hospital	Gen	Corp	16	3	No data supplied		
South Charleston, 5,904—Kanawha							
Dunn Hospital	Gen	Indiv	11	4	10	4	126
Welch, 5,576—McDowell							
Grace Hospital	Gen	Corp	80	6	59	52	2,601
Stevens Clinic Hospital	Gen	Corp	100	6	62	70	3,304
Welch Emergency Hospital†	Gen	State	115	2	79	29	2,777
Weston, 8,646—Lewis							
General Hospital	Gen	Indiv	44	3	20	20	550
Weston City Hospital	Gen	Corp	25	7	27	..	402
Wheeling, 61,659—Ohio							
Ohio Valley General Hosp.**	Gen	NPAssn	230	20	360	151	4,664
Wheeling Hospital**	Gen	Church	300	25	364	103	2,671
Williamson, 9,410—Mingo							
Williamson Memorial Hosp.†	Gen	Corp	50	4	45	38	1,008
Related Institutions							
Berkeley Springs, 1,639—Morgan							
"The Pines" West Virginia Foundation for Crippled Children	Orth	NPAssn	20	..	..	15	32
Charleston, 60,408—Kanawha							
Hill Crest Sanatorium	TB	NPAssn	40	..	..	37	34
Huntington, 75,572—Cabell							
Huntington State Hospital	Ment	State	992	..	..	829	450
Milton, 1,305—Cabell							
Morris Memorial Hospital for Crippled Children	Conv	NPAssn	32	..	No data supplied		
Moundsville, 14,411—Marshall							
Grandview Sanatorium	TB	County	32	..	..	23	44
West Virginia Penitentiary Hospital	Inst	State	74	..	..	50	547

Key to symbols and abbreviations is on page 708

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WEST VIRGINIA—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
St. Marys, 2,182—Pleasants							
West Virginia Training School	MeDe	State	80	..	..	83	8
Spencer, 2,493—Roane							
De Pue Hospital	Gen	Indiv	16	2	12	9	375
Spencer State Hospital	Ment	State	919	..	..	858	246
Weston, 8,646—Lewis							
Weston State Hospital	Ment	State	1,634	6	8	1,501	541
Wheeling, 61,659—Ohio							
Florence Crittenton Home	Mat	NPAssn	24	26	20	..	24
Ohio County Tuberculosis Sanat.	TB	County	16	..	..	16	25

Summary for West Virginia:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	66	5,608	3,344	102,661
Related institutions	12	3,833	3,444	2,307
Totals	78	9,441	6,788	104,968
Refused registration	2	42		

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Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Algoma, 2,202—Kewaunee							
Algoma Hospital	Gen	NPAssn	10	4	22	4	147
Amery, 1,354—Polk							
Amery Hospital	Gen	Corp	15	5	24	5	210
Antigo, 8,610—Langlade							
Langlade County Memorial Hospital	Gen	Church	44	6	98	36	1,328
Appleton, 25,267—Outagamie							
St. Elizabeth Hospital*	Gen	Church	200	50	471	80	3,013
Ashland, 10,622—Ashland							
Ashland General Hospital°	Gen	NPAssn	67	8	89	34	918
St. Joseph's Hospital°	Gen	Church	135	15	175	74	2,076
Baraboo, 5,545—Sauk							
St. Mary's Ringling Hospital	Gen	Church	25	10	150	..	924
Beaver Dam, 9,867—Dodge							
Lutheran Deaconess Hospital	Gen	Church	30	8	130	18	880
Beloit, 23,611—Rock							
Beloit Municipal Hospital	Gen	City	78	12	343	40	1,709
Berlin, 4,106—Green Lake							
Yates Memorial Hospital	Gen	NPAssn	17	6	36	5	225
Black River Falls, 1,950—Jackson							
Krohn Clinic and Hospital	Gen	Part	21	6	115	21	665
Boscobel, 1,762—Grant							
Brookside-Parker Hospital	Gen	Part	22	4	20	7	244
Burlington, 4,114—Racine							
Memorial Hospital	Gen	NPAssn	25	10	134	14	546
Chippewa Falls, 9,539—Chippewa							
St. Joseph's Hospital	Gen	Church	160	15	199	77	1,986
Columbus, 2,514—Columbia							
St. Mary's Hospital	Gen	Church	40	6	77	22	583
Cumberland, 1,532—Barron							
Cumberland Hospital	Gen	Part	26	6	42	8	346
Darlington, 1,764—Lafayette							
Drs. Quinn and McConnell Hosp.	Gen	Part	8	3	26	6	150
Delavan, 3,301—Walworth							
Delavan Sanitarium	N&M	Indiv	20	..	..	15	6
Dodgeville, 1,937—Iowa							
Dodgeville General Hospital	Gen	NPAssn	24	5	98	13	846
St. Joseph's Hospital	Gen	Church	60	15	74	19	1,339
Eau Claire, 26,287—Eau Claire							
Luther Hospital°	Gen	NPAssn	135	16	318	81	2,500
Mt. Washington Sanatorium	TB	County	58	..	..	50	56
Sacred Heart Hospital	Gen	Church	155	20	386	85	3,127
Edgerton, 2,906—Rock							
Edgerton Memorial Hospital	Gen	NPAssn	18	6	71	7	361
Elkhorn, 2,340—Walworth							
Walworth County Hospital	Gen	County	37	11	222	31	1,130
Fond du Lac, 26,449—Fond du Lac							
St. Agnes Hospital*°	Gen	Church	225	25	515	163	4,925
Ft. Atkinson, 5,793—Jefferson							
Fort Atkinson General Hosp.	Gen	Indiv	15	3	42	6	305
Frederic, 680—Polk							
Frederic Hospital	Gen	Indiv	12	4	40	9	435
Friendship, 438—Adams							
Friendship Hospital	Gen	Part	10	2	4	5	115
Grantsburg, 777—Burnett							
Community Hospital	Gen	Corp	18	4	30	7	288
Green Bay, 37,415—Brown							
Bellin Memorial Hospital°	Gen	Church	76	11	171	48	1,806
St. Mary's Hospital°	Gen	Church	100	22	268	55	2,795
St. Vincent's Hospital	Gen	Church	205	24	449	175	6,687
Hartford, 3,754—Washington							
St. Joseph's Hospital	Gen	Church	50	9	79	12	504
Hawthorne, 561—Douglas							
Middle River Sanatorium	TB	County	141	..	..	135	223
Hayward, 1,207—Sawyer							
Hayward Indian Hospital	Gen	I A	45	5	90	50	941
Hillsboro, 972—Vernon							
Hansberry Hospital	Gen	Indiv	25	5	37	11	379
Iola, 763—Waupaca							
Iola Hospital	Gen	Corp	18	6	18	10	180
Janesville, 21,628—Rock							
Mercy Hospital*°	Gen	Church	120	30	326	67	1,805
Pinehurst Sanatorium	TB	County	68	..	..	65	90
Jefferson, 2,639—Jefferson							
Forest Lawn Sanatorium	TB	County	52	..	..	52	29

WISCONSIN—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Kaukauna, 6,581—Outagamie							
Riverview Sanatorium	TB	County	65	..	..	62	50
Kenosha, 50,262—Kenosha							
Kenosha Hospital	Gen	NPAssn	150	30	265	56	1,671
St. Catharine's Hospital and Sanitarium	Gen	Church	55	18	321	40	1,109
Willowbrook Sanatorium	TB	County	38	..	..	34	38
Keshena, 270—Shawano							
St. Joseph's Indian Hospital	Gen	Church	65	5	106	24	814
La Crosse, 39,614—La Crosse							
Grandview Hospital	Gen	NPAssn	106	10	91	39	981
La Crosse Hospital	Gen	NPAssn	40	12	124	22	1,465
La Crosse Lutheran Hospital*	Gen	Church	120	9	122	60	2,350
St. Francis Hospital*°	Gen	Church	315	40	393	161	4,014
Ladysmith, 3,493—Rusk							
St. Mary's Hospital	Gen	Church	35	8	126	19	739
Lancaster, 2,432—Grant							
Godfrey Hospital	Gen	Indiv	12	6	20	4	120
Laona, 1,709—Forest							
Ovitz Hospital	Gen	Indiv	18	4	41	9	277
Madison, 57,899—Dane							
Lake View Sanatorium	TB	County	140	..	..	130	118
Madison General Hospital*°	Gen	NPAssn	135	25	450	118	4,446
Methodist Hospital*°	Gen	Church	110	10	102	54	2,189
Morningside Sanatorium	TB	NPAssn	52	..	..	40	49
Normandale	N&M	Corp	34	..	..	12	136
St. Mary's Hospital*°	Gen	Church	175	30	801	110	4,176
State of Wisconsin General Hospital*◆°	Gen	State	630	22	158	611	10,425
Wisconsin Orthopedic Hospital for Children	Unit of State of Wisconsin General Hospital						
Wisconsin Psychiatric Institute	Unit of State of Wisconsin General Hospital						
Manitowoc, 22,963—Manitowoc							
Holy Family Hospital°	Gen	Church	125	20	205	70	2,064
Marinette, 13,734—Marinette							
Marinette and Menominee Hosp.	Gen	Corp	50	12	200	30	1,301
Marshfield, 8,778—Wood							
St. Joseph's Hospital*°	Gen	Church	145	15	227	80	2,757
Mauston, 2,107—Juneau							
Mauston Hospital	Gen	Corp	33	7	44	17	551
Medford, 1,918—Taylor							
Medford Clinic	Gen	Corp	28	8	40	22	707
Mendota, 112—Dane							
Mendota State Hospital	Ment	State	871	..	..	893	1,017
Wisconsin Memorial Hospital	Ment	State	300	..	..	88	55
Menomonie, 5,595—Dunn							
Menomonie City Hospital	Gen	City	25	7	47	18	598
Merrill, 8,458—Lincoln							
Holy Cross Hospital	Gen	Church	50	11	95	18	690
Lincoln County Hospital	Gen	County	30	4	48	27	359
Milwaukee, 578,249—Milwaukee							
Columbia Hospital*°	Gen	NPAssn	160	25	239	57	2,294
Evangelical Deaconess Hosp.*°	Gen	Church	147	27	522	68	2,568
Johnston Emergency Hospital	Emerg	City	25	4	5	37	4,009
Milwaukee Children's Hosp.◆°	Chil	NPAssn	155	..	..	104	2,867
Milwaukee County General Hospital, Dispensary-Emergency Unit	Unit of Milwaukee County General Hospital, Wauwatosa						
Milwaukee General Hospital°	Gen	NPAssn	166	34	309	55	2,187
Milwaukee Hospital, "The Passavant"*°	Gen	Church	219	33	783	174	6,358
Misericordia Hospital*°	Gen	Church	120	40	581	50	2,118
Mt. Sinai Hospital*°	Gen	NPAssn	142	28	700	113	4,010
Sacred Heart Sanitarium°	Gen	Church	325	..	..	155	1,920
St. Anthony's Hospital	Gen	Church	40	12	267	24	1,416
St. Joseph's Hospital*◆°	Gen	Church	325	70	892	121	5,128
St. Luke's Hospital*	Gen	Church	100	17	293	39	1,649
St. Mary's Hill Sanitarium	N&M	Church	110	..	..	74	353
St. Mary's Hospital*°	Gen	Church	187	30	475	115	3,949
Shorewood Hospital-Sanitarium	N&M	Corp	50	..	..	25	228
South Side Hospital	Gen	NPAssn	30	10	13	5	205
South View Hospital	Iso	City	250	..	..	174	2,848
Stark Hospital	Unit of Milwaukee Children's Hospital						
Veterans Admin. Facility	G&TB	Vet	1,304	..	..	968	4,323
West Side Hospital	Gen	NPAssn	25	5	26	5	218
Monroe, 5,015—Green							
Evangelical Deaconess Hosp.	Gen	Church	32	12	110	19	769
Mt. Horeb, 1,425—Dane							
Buckner Hospital	Gen	Indiv	12	6	30	5	392
Neenah, 9,151—Winnebago							
Theda Clark Memorial Hosp.°	Gen	NPAssn	55	17	246	33	1,217
New London, 4,661—Waupaca							
Community Hospital	Gen	Church	50	8	80	20	634
Memorial Hospital	Gen	Indiv	16	7	18	4	274
Oconomowoc, 4,190—Waukesha							
Rogers Memorial Sanitarium	N&M	NPAssn	76	..	..	35	55
Summit Hospital	Gen	Corp	35	6	39	24	390
Oconto, 5,030—Oconto							
Oconto County and City Hosp.	Gen	NPAssn	20	6	No data supplied		
Oconto Falls, 1,921—Oconto							
Oconto Falls Hospital	Gen	NPAssn	11	5	32	6	255
Onalaska, 1,408—La Crosse							
Oak Forest Sanatorium	TB	County	65	..	..	64	87
Oshkosh, 40,108—Winnebago							
Mercy and St. Mary's Hosps.*°	Gen	Church	130	20	291	80	4,310
Park Falls, 3,036—Price							
Park Falls Hospital	Gen	Indiv	25	4	40	10	501
Pewaukee, 1,067—Waukesha							
Oak Sanatorium	TB	County	40	..	..	35	44
Platteville, 4,047—Grant							
Andrew Hospital	Gen	Indiv	15	4	8	5	178
Wilson Cunningham Hospital	Gen	Corp	25	5	32	10	228
Plymouth, 3,882—Sheboygan							
Plymouth Hospital	Gen	Church	36	8	93	16	553
Rocky Knoll Sanatorium	TB	County	88	..	..	89	97

Key to symbols and abbreviations is on page 798

WISCONSIN—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Portage, 6,308—Columbia							
St. Savior's General Hospital	Gen	Church	65	10	119	24	1,081
Poynette, 672—Columbia							
Poynette Hospital	Gen	Indiv	11	2	23	4	110
Prairie du Chien, 3,943—Crawford							
Prairie du Chien Sanitarium-Hospital	Gen	Corp	60	6	70	29	1,059
Prescott, 755—Pierce							
St. Croixdale Sanatorium	G-N&M	Indiv	30	4	13	25	95
Purcell (Bayfield P.O.), Bayfield							
Purcell Sanatorium	TB	County	70	..	..	60	66
Racine, 67,542—Racine							
St. Luke's Hospital◊	Gen	Church	120	38	514	45	1,995
St. Mary's Hospital	Gen	Church	144	33	559	87	3,678
Sunny Rest Sanatorium	TB	County	34	..	..	34	27
Reedsburg, 2,967—Sauk							
Reedsburg Municipal Hospital◊	Gen	City	31	8	61	15	576
Rhinelander, 8,019—Oneida							
St. Mary's Hospital	Gen	Church	65	10	153	30	1,182
Rice Lake, 5,177—Barron							
Lakeside Methodist Hospital	Gen	Church	22	5	104	20	880
St. Joseph's Hospital	Gen	Church	42	6	53	16	723
Richland Center, 3,622—Richland							
Richland Hospital	Gen	NPAssn	40	7	50	30	1,308
St. Croix Falls, 952—Polk							
St. Croix Falls Hospital	Gen	Indiv	25	6	61	12	469
Shawano, 4,182—Shawano							
Shawano Municipal Hospital	Gen	CyCo	38	8	167	32	1,106
Sheboygan, 30,251—Sheboygan							
St. Nicholas Hospital	Gen	Church	123	27	257	45	1,602
Sheboygan Memorial Hospital	Gen	NPAssn	91	24	241	43	1,427
Shullsburg, 1,041—Lafayette							
Dr. Ennis' Hospital	Gen	Indiv	15	..	6	5	178
South Milwaukee, 10,768—Milwaukee							
South Milwaukee Hospital	Gen	Indiv	14	6	53	6	231
Sparta, 4,949—Monroe							
St. Mary's Hospital	Gen	Church	50	11	126	34	1,181
Stanley, 1,088—Chippewa							
Victory Hospital	Gen	NPAssn	16	4	55	10	376
Statesan, 90—Waukesha							
Wisconsin State Sanatorium◊	TB	State	240	..	..	220	112
Stevens Point, 13,623—Portage							
River Pines Sanatorium	TB	NPAssn	51	..	..	50	62
St. Michael's Hospital	Gen	Church	110	15	151	49	1,517
Stoughton, 4,467—Dane							
Stoughton Community Hosp.	Gen	NPAssn	30	8	111	12	478
Sturgeon Bay, 4,883—Door							
Egeland Hospital	Gen	Indiv	30	5	70	11	553
Lesaum Hospital	Gen	Indiv	15	4	48	9	351
Superior, 36,113—Douglas							
Good Samaritan Hospital	Gen	Church	12	8	62	7	202
St. Francis Hospital	Gen	Church	50	10	72	32	616
St. Mary's Hospital◊	Gen	Church	106	18	178	68	1,595
Tomah, 3,354—Monroe							
Tomah Indian Hospital	Gen	I A	42	5	35	30	470
Tomahawk, 2,019—Lincoln							
Sacred Heart Hospital	Gen	Church	42	6	27	16	432
Two Rivers, 10,085—Manitowoc							
Two Rivers Municipal Hospital	Gen	City	37	10	130	25	1,109
Washburn, 2,236—Bayfield							
Washburn Hospital	Gen	NPAssn	14	5	12	6	204
Watertown, 10,613—Jefferson							
St. Mary's Hospital	Gen	Church	50	9	167	34	1,189
Waukesha, 17,736—Waukesha							
The Spa	Int Med	Corp	80	..	..	37	730
Waukesha Municipal Hospital	Gen	City	72	18	286	48	2,553
Waukesha Springs Sanitarium	N&M	Corp	40	..	..	..	61
Waupun, 5,768—Fond du Lac							
Central State Hosp. for Insane	Ment	State	294	..	..	271	65
Wausau, 25,758—Marathon							
Mount View Sanatorium◊	TB	County	66	..	..	65	85
St. Mary's Hospital◊	Gen	Church	130	18	255	69	2,352
Wausau Memorial Hospital	Gen	NPAssn	95	15	217	43	1,518
Wauwatosa, 21,194—Milwaukee							
Blue Mound Preventorium	Unit of Muirdale Sanatorium						
Milwaukee Asylum for Chronic Insane	Ment	County	1,484	..	..	1,529	191
Milwaukee County General Hospital◊◊	Gen	County	1,050	75	1,382	746	18,136
Milwaukee Hospital for Mental Diseases◊	Ment	County	920	..	..	949	467
Milwaukee Sanitarium◊	N&M	Corp	150	..	..	117	257
Muirdale Sanatorium	TB	County	458	..	..	435	677
West Bend, 4,760—Washington							
St. Joseph's Hospital	Gen	Church	25	8	65	15	534
West DePere, 4,200—Brown							
Hickory Grove Sanatorium	TB	County	90	..	..	80	176
Whitehall, 915—Trempealeau							
Whitehall Community Hospital	Gen	NPAssn	26	4	41	14	575
Whitelaw, 269—Manitowoc							
Maple Crest Sanatorium	TB	County	70	..	..	45	43
Winnebago, 1,126—Winnebago							
Sunny View Sanatorium	TB	County	90	..	..	80	125
Winnebago State Hospital	Ment	State	870	..	..	773	782
Wisconsin Rapids, 8,726—Wood							
Riverview Hospital	Gen	NPAssn	30	8	192	25	941
Related Institutions							
Appleton, 25,267—Outagamie							
Outagamie County Asylum for Chronic Insane	Ment	County	183	..	..	184	15
Barron, 1,663—Barron							
Barron City Hospital	Gen	Indiv	14	4	28	8	251

WISCONSIN—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Chippewa Falls, 9,539—Chippewa							
Chippewa County Chronic Insane Asylum	Ment	County	271	..	..	268	30
Northern Wisconsin Colony and Training School	MeDe	State	1,550	..	.	1,522	179
Dodgeville, 1,867—Iowa							
Iowa County Insane Asylum	Ment	County	145	..	..	139	10
Dousman, 256—Waukesha							
Wisconsin Masonic Home and O. E. S. Hospital	Inst	Frat	25	..	..	20	59
Eau Claire, 26,297—Eau Claire							
Eau Claire County Insane Asylum	Ment	County	230	..	..	222	45
Elkhorn, 2,340—Walworth							
Walworth County Hospital	Ment	County	160	..	.	149	...
Ellsworth, 1,124—Pierce							
Ellsworth Hospital	Gen	Indiv	8	3	31	..	162
Fond du Lac, 26,408—Fond du Lac							
Fond du Lac County Insane Asylum	Ment	County	296	..	..	283	28
Green Bay, 37,415—Brown							
Brown County Insane Asylum	Ment	County	179	..	No data supplied		
Wisconsin State Reformatory Hospital	Inst	State	30	..	..	6	262
Itasca, 315—Douglas							
Douglas County Asylum Home and Sanatorium	Ment	County	208	..	..	197	97
Parkland Sanatorium	Tuberculosis Unit of Douglas County Asylum Home and Sanatorium						
Janesville, 21,628—Rock							
Rock County Hospital	Ment	County	129	6	5	115	25
Jefferson, 2,629—Jefferson							
Jefferson County Asylum for Chronic Insane	Ment	County	191	..	..	185	25
Juneau, 1,154—Dodge							
Dodge County Insane Asylum and Poor House	Ment	County	280	..	..	265	63
Kewaunee, 2,406—Kewaunee							
Dana and Dockry Hospital	Gen	Part	10	2	12	2	101
Lake Geneva, 3,073—Walworth							
Crane Farms Sanatorium	Conv	Corp	16	..	..	6	69
Lake Tomahawk, 60—Oneida							
Lake Tomahawk State Camp	TB	State	40	..	..	41	95
Lancaster, 2,632—Grant							
Grant County Asylum	Ment	County	280	..	..	235	19
Madison, 57,899—Dane							
East Washington Hospital	Iso	City	52	..	..	30	543
Manitowoc, 29,983—Manitowoc							
Manitowoc County Insane Asylum	Ment	County	200	..	..	198	16
Marshfield, 8,778—Wood							
Wood County Asylum for Chronic Insane	Ment	County	225	..	..	224	30
Menomonie, 5,595—Dunn							
Dunn County Asylum	Ment	County	155	..	..	153	14
Milwaukee, 578,249—Milwaukee							
Layton Home	Inc	Church	32	..	..	33	4
Marquette University Eye, Ear, Nose and Throat Hospital	ENT	Corp	45	..	..	12	1,006
Monroe, 5,015—Green							
Green County Asylum	Ment	County	200	..	..	180	54
Neillsville, 2,118—Clark							
Neillsville Hospital	Gen	Indiv	16	4	29	6	194
New Richmond, 2,112—St. Croix							
St. Croix County Asylum for Chronic Insane	Ment	County	160	..	..	150	11
Niagara, 2,083—Marinette							
Niagara Hospital	Gen	NPAssn	10	4	..	5	...
Osceola, 687—Polk							
Ladd Memorial Hospital	Gen	Indiv	8	2	9	5	192
Oshkosh, 40,108—Winnebago							
Alexian Brothers Hospital	N&M	Church	85	..	..	55	80
Owen, 1,102—Clark							
Clark County Asylum	Ment	County	328	..	..	307	25
Peshtigo, 1,579—Marinette							
Marinette County Insane Asylum	Ment	County	215	..	..	210	36
Prairie du Chien, 3,943—Crawford							
Beaumont Hospital	Gen	Indiv	15	6	..	New	...
Racine, 67,542—Racine							
Lincoln Memorial Hospital for Communicable Diseases	Iso	City	48	4	..	34	439
Racine County Asylum	Ment	County	260	..	..	254	65
Reedsburg, 2,967—Sauk							
Sauk County Asylum	Ment	County	191	..	..	178	8
Richland Center, 3,622—Richland							
Richland County Asylum for Chronic Insane	Ment	County	142	..	..	131	7
Shawano, 4,188—Shawano							
Shawano County Insane Asylum	Ment	County	179	..	..	160	21
Sheboygan, 30,251—Sheboygan							
Sheboygan County Asylum for Chronic Insane	Ment	County	206	..	..	199	25
Sparta, 4,949—Monroe							
Monroe County Insane Asylum	Ment	County	141	..	..	134	...
Union Grove, 755—Racine							
Southern Wisconsin Colony and Training School	MeDe	State	768	..	..	739	79
Verona, 455—Dane							
Dane County Asylum for Chronic Insane	Ment	County	287	..	..	287	37

Key to symbols and abbreviations is on page 796

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WISCONSIN—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Viroqua, 2,792—Vernon							
Vernon County Asylum	Ment	County	128	..	..	120	5
Viroqua Hospital	Gen	Indiv	25	7	41	6	384
Watertown, 10,615—Jefferson							
Bethesda Lutheran Home for Feebleminded and Epileptics	MeDe	Church	370	..	..	361	34
Waukesha, 17,176—Waukesha							
Waukesha County Asylum for Chronic Insane	Ment	County	215	..	..	206	61
Wisconsin Industrial School for Boys	Inst	State	15	..	..	4	200
Waupaca, 3,121—Waupaca							
Waupaca Hospital and Clinic	Gen	NPAssn	14	..	..	9	386
Waupun, 5,768—Fond du Lac							
Clark and Swartz Hospital	Gen	Part	7	4	48	4	171
Wisconsin State Prison Hosp.	Inst	State	21	..	..	17	315
Wausau, 22,758—Marathon							
Marathon County Asylum for Chronic Insane	Ment	County	189	..	..	200	25
Marathon County Home and Hospital	Inst	County	50	..	..	46	160
Wauwatosa, 21,194—Milwaukee							
Milwaukee County Home for Children	Inst	County	81	..	..	32	973
St. Camillus Hospital	Inc	Church	65	..	..	60	132
Salvation Army Martha Washington Women's Home and Hospital	Mat	Church	50	35	119	43	131
West Bend, 4,762—Washington							
Washington County Asylum for Chronic Insane	Ment	County	150	..	..	149	20
West Salem, 1,011—La Crosse							
La Crosse County Asylum for Insane	Ment	County	265	..	..	259	23
Weyauwega, 1,067—Waupaca							
Waupaca County Insane Asylum	Ment	County	200	..	..	177	14
Whitehall, 915—Trempealeau							
Trempealeau County Asylum for Chronic Insane	Ment	County	147	..	..	130	11
Winnebago, 1,130—Winnebago							
Winnebago County Asylum	Ment	County	249	..	..	245	24
Wyocena, 450—Columbia							
Columbia County Asylum	Ment	County	200	..	..	150	22

Summary for Wisconsin:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	162	19,150	13,783	204,385
Related institutions	63	11,086	10,086	7,489
Totals	225	30,236	23,879	211,872
Refused registration	10	744		

WYOMING

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Basin, 903—Big Horn							
Wyoming Tuberculosis Sanat.	TB	State	33	..	..	29	46
Burns, 216—Laramie							
Burns Hospital	Gen	Indiv	10	2	16	2	141
Casper, 16,619—Natrona							
Memorial Hospital of Natrona County	Gen	County	69	10	208	50	1,771
Cheyenne, 17,361—Laramie							
Memorial Hospital of Laramie County	Gen	County	130	13	214	47	1,549
Veterans Admin. Facility	Gen	Vet	108	..	..	101	953
Douglas, 1,917—Converse							
Douglas Hospital	Gen	Indiv	19	4	8	9	246
Evanston, 3,075—Uinta							
Wyoming State Hospital	Ment	State	537	..	..	527	115
Ft. Warren, 22—Laramie							
Station Hospital	Gen	Army	108	4	56	68	2,485
Ft. Washakie, 62—Fremont							
Shoshone Indian Hospital	Gen	I A	38	6	38	15	488
Jackson, 553—Teton							
St. John's Hospital	Gen	Church	25	4	21	7	482
Kemmerer, 1,584—Lincoln							
Lincoln County Miner's Hosp.	Gen	NPAssn	30	5	No data supplied		
Lander, 1,826—Fremont							
Bishop Randall Hospital	Gen	Church	20	6	55	10	440
Lovell, 1,857—Big Horn							
Lovell Hospital	Gen	Indiv	17	6	34	4	303
Midwest, 2,122—Natrona							
Midwest Hospital	Gen	NPAssn	21	3	14	6	198
Powell, 3,156—Park							
Whitlock Hospital	Gen	Corp	20	4	..	8	..
Rock Springs, 8,440—Sweetwater							
Wyoming General Hospital	Gen	State	100	8	198	50	2,365
Sheridan, 8,536—Sheridan							
Sheridan County Memorial Hospital[2]	Gen	County	65	12	178	50	1,456
Veterans Admin. Facility	Ment	Vet	508	..	..	497	347
Wheatland, 1,997—Platte							
Wheatland General Hospital	Gen	NPAssn	55	7	53	31	1,105

WYOMING—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Basin, 903—Big Horn							
Basin Hospital	Gen	Corp	15	2	13	4	110
Evanston, 3,075—Uinta							
Legion Memorial Hospital	Gen	Indiv	10	3	4	4	172
Gebo, 894—Hot Springs							
Gebo Hospital	Gen	NPAssn	8	..	16	2	75
Gillette, 1,849—Campbell							
Rooney Hospital	Gen	Part	16	6	30	6	200
Greybull, 1,906—Big Horn							
St. Luke's Hospital	Gen	Indiv	8	2	10	7	140
Hanna, 1,483—Carbon							
Hanna Hospital	Gen	NPAssn	11	2	21	3	154
Lander, 1,826—Fremont							
Wyoming State Training School	MeDe	State	332	..	..	289	27
Thermopolis, 2,129—Hot Springs							
General Hospital	Gen	Indiv	30	6	34	11	260
Worland, 1,461—Washakie							
Dr. Gray's Hospital	Gen	Indiv	11	2	15	2	45

Summary for Wyoming:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	19	2,110	1,543	15,160
Related institutions	9	411	327	1,839
Totals	28	2,521	1,870	16,999
Refused registration	4	111		

ALASKA

Hospitals, Sanatoriums and Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Anchorage, 2,277							
Anchorage Base Hospital	Gen	Fed	35	6	41	14	1,199
Cordova, 980							
Cordova General Hospital	Gen	Indiv	20	3	24	10	203
Fairbanks, 2,101							
St. Joseph's Hospital	Gen	Church	60	4	..	..	...
Ft. Yukon, 304							
Hudson Stuck Memorial Hosp.	Gen	Church	40	2	..	..	...
Haines, 344							
Station Hospital	Gen	Army	16	1	2	6	97
Juneau, 4,043							
St. Ann's Hospital	Gen	Church	70	9	62	19	755
U. S. Hospital for Natives	G&TB	I A	53	4	36	49	422
Kanakanak, 177							
Kanakanak Native Hospital	Gen	I A	13	1	4	6	82
Kennecott, 217							
Kennecott Copper Corporation Hospital	Indus	Corp	16	1	..	3	61
Ketchikan, 3,796							
Ketchikan General Hospital	Gen	Church	45	8	58	28	905
Kotzebue, 291							
Government Hosp. for Natives	Gen	I A	16	3	16	11	169
Mountain Village, 66							
U. S. Hospital for Natives	Gen	I A	22	2	7	16	176
Nome, 1,213							
Maynard-Columbus Hospital	Gen	Church	20	5	..	..	...
Petersburg, 1,252							
Petersburg General Hospital	Gen	City	8	3	18	3	168
Point Barrow, 82							
Presbyterian Hospital of Point Barrow	Gen	Church	12	3	..	..	...
Seward, 835							
Seward General Hospital	Gen	Church	22	3	21	12	345
Sitka, 1,056							
Pioneers' Home Hospital	Inst	Ter	50	..	..	35	141
Tanana, 185							
Tanana Hospital	Gen	I A	30	1	11	25	154
Wrangell, 948							
Bishop Rowe General Hospital	Gen	Church	15	3	18	6	170

CANAL ZONE

Hospitals, Sanatoriums and Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Ancon, 1,140							
Gorgas Hospital[3]	Gen	Fed	356	24	457	431	10,365
Balboa, 2,502							
Palo Seco Leper Colony	Lepro	Fed	110	..	..	106	4
Station Hospital	Gen	Army	35	..	..	22	824
Corozal, 1,760							
Corozal Hospital	Ment	Fed	550	..	..	293	248
Station Hospital	Gen	Army	54	..	..	46	1,618
Cristobal, 599							
Colon Hospital	Gen	Fed	114	15	373	82	4,248
Ft. Randolph (Coco Solo P.O.), 734							
Station Hospital	Gen	Army	12	..	..	11	540
Ft. Sherman, 786							
Station Hospital	Gen	Army	50	..	..	33	1,031
France Field, 764							
Station Hospital	Gen	Army	14	..	..	2	751
Gatun, 2,314							
Station Hospital	Gen	Army	67	..	3	89	1,952

Key to symbols and abbreviations is on page 700

GUAM

Hospitals, Sanatoriums and Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Agana							
Susana Hospital for Natives of Guam	Unit of U. S. Naval Hospital						
U. S. Naval Hospital	Gen	Navy	92	17	168	99	2,938

HAWAII

Hospitals, Sanatoriums and Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Aiea, 3,021—Honolulu							
Honolulu Plantation Hospital	Gen	Corp	41	4	19	18	654
Eleele, 312—Kauai							
McBryde Sugar Company Hosp.	Gen	NPAssn	38	4	45	26	714
Hakalau, 525—Hawaii							
Hakalau Hospital	Gen	NPAssn	25	4	22	10	354
Hilo, 19,468—Hawaii							
Hilo Memorial Hospital	Gen	County	120	16	194	97	2,001
Puumalle Home for Tuberculosis	TB	Ter	100	..	..	90	78
Honokaa, 1,069—Hawaii							
Honokaa Sugar Company and Pacific Sugar Mill Plantation Hospital	Indus	NPAssn	25	..	..	..	...
Honolulu, 137,582—Honolulu							
Japanese Hospital	Gen	NPAssn	120	9	43	53	1,928
Kalihi Receiving Station	Lepro	Ter	200	..	..	..	...
Kapiolani Maternity and Gynecological Hospital	GynMat	NPAssn	50	36	667	27	1,382
Kaukeolani Children's Hosp.®	Chil	NPAssn	75	..	..	58	1,567
Leahi Home	TB	NPAssn	440	..	..	405	330
Queen's Hospital®	Gen	Corp	234	18	624	183	6,768
St. Francis Hospital®	Gen	Church	60	10	159	57	1,362
Shriner Hospital for Crippled Children®	Orth	Frat	28	..	..	28	86
Tripler General Hospital	Gen	Army	300	8	70	169	2,575
Hoolehua, —Maui							
Robert W. Shingle, Jr., Memorial Hospital	Gen	Church	15	4	21	6	207
Kahuku, 1,705—Honolulu							
Kahuku Plantation Company's Hospital	Gen	NPAssn	28	2	64	17	728
Kalaupapa, —Kalawao							
Kalaupapa Hospital	Lepro	Ter	50	6	..	..	...
Kaneohe (Heeia P.O.), 132—Honolulu							
Territorial Hospital	Ment	Ter	737	..	..	764	225
Kealakekua, 850—Hawaii							
Kona County Hospital	Gen	County	30	6	97	12	311
Kealia, 800—Kauai							
Kealia Hospital	Gen	Corp	26	4	49	14	350
Samuel Mahelona Memorial Hospital	TB	County	100	..	..	75	85
Kilauea, 1,525—Kauai							
Kilauea Sugar Plantation Hospital	Gen	Corp	25	3	50	9	365
Kohala, 730—Hawaii							
Kohala Hospital	Gen	County	37	3	..	..	...
Koloa, 1,444—Kauai							
Koloa Sugar Company's Hosp.	Gen	NPAssn	26	2	27	11	401
Kula (Waiakoa P.O.), 22—Maui							
Maui County Farm and Sanit.	G&TB	County	200	4	38	150	802
Lahaina, 2,730—Maui							
Pioneer Mill Company's Hosp.	Gen	Corp	57	9	133	41	1,572
Lanai City, —Maui							
Lanai Hospital	Gen	Corp	20	4	53	6	475
Lihue, 2,380—Kauai							
Lihue Hospital	Gen	Corp	55	6	25	24	866
Makaweli, 974—Kauai							
Hawaiian Sugar Company's Hospital	Gen	Corp	37	6	40	10	665
Olaa, 395—Hawaii							
Olaa Hospital	Gen	Corp	30	4	..	..	...
Ookala, 536—Hawaii							
Hospital of Kukuiki Sugar Co.	Gen	NPAssn	12	2	13	3	184
Pasuhau, 536—Hawaii							
Pasuhau Plantation Co. Hosp.	Gen	Corp	15	2	..	..	...
Pauullo, 1,235—Hawaii							
Pauullo Hospital	Gen	NPAssn	16	3	16	7	324
Pahala, 250—Hawaii							
Hawaiian Agricultural Company Hospital	Gen	Corp	19	3	81	11	565
Pala, 4,171—Maui							
Maui Agricultural Company's Pala Hospital	Gen	Corp	100	10	..	..	...
Pearl City, 1,071—Honolulu							
Waimano Home for Feebleminded Persons	MeDe	Ter	300	..	..	221	6
Pearl Harbor, 300—Honolulu							
U. S. Naval Hospital	Gen	Navy	302	..	..	138	1,563
Pepeekeo, 530—Hawaii							
Pepeekeo Central Hospital	Gen	NPAssn	38	4	110	20	1,028
Puunene, 4,000—Maui							
Puuneno Hospital	Gen	NPAssn	100	24	208	75	2,742
Schofield Barracks (Honolulu P.O.), 4,220—Honolulu							
Station Hospital	Gen	Army	350	12	..	..	...
Waialua, 4,541—Honolulu							
Waialua Agricultural Co. Hosp.	Gen	NPAssn	36	4	72	17	683

HAWAII—Continued

Hospitals, Sanatoriums and Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Wailuku, 6,906—Maui							
Mahulani Hospital	Gen	County	71	8	148	53	1,022
Waimanalo, 1,008—Honolulu							
Waimanalo Hospital	Gen	NPAssn	16	..	..	..	...
Waimea, 2,001—Kauai							
Waimea Hospital	Gen	NPAssn	35	4	52	23	918
Waiohinu, 100—Hawaii							
Kaubane Memorial Hospital	Gen	County	20	2	..	..	...
Waipahu, 5,874—Honolulu							
Oahu Sugar Company Hospital	Gen	NPAssn	57	6	31	31	1,148

PHILIPPINE ISLANDS

Hospitals, Sanatoriums and Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Bacolod, 19,350—Occidental Negros							
Occidental Negros Provincial Hospital	Gen	Gov't	77	4	..	..	...
Provincial Maternity and Children's Hospital	MatChGov't		60	18	..	..	...
Baguio, 5,404—Benguet							
Baguio Hospital®	Gen	Gov't	67	..	..	..	...
Station Hospital	Gen	Army	80	2	87	8	192
Barili, 23,481—Cebu							
Hospicio de San Jose	Ins	Gov't	25	..	..	..	...
Batangas, 41,182—Batangas							
Batangas Provincial Hospital	Gen	Gov't	30	5	..	..	...
Bayombong, 5,595—Nueva Vizcaya							
Bayombong Hospital	Gen	Gov't	20	..	..	..	...
Binalbagan, 8,892—Occidental Negros							
Binalbagan Estate Hospital	Gen	Corp	15	..	..	..	...
Bontoc, 600—Mountain							
Bontoc Hospital	Gen	Gov't	35	5	..	..	...
Butuan, 9,790—Agusan							
Butuan Public Hospital	Gen	Gov't	24	..	..	..	...
Cabanatuan, 15,522—Nueva Ecija							
Nueva Ecija Provincial Hosp.	Gen	Gov't	50	4	81	44	1,700
Cagayan, 28,184—Misamis Oriental							
Cagayan Mission Hospital	Gen	Church	40	6	..	..	...
Misamis Oriental Prov. Hosp.	Gen	Gov't	25	..	87	20	756
Calamba, 18,625—Laguna							
Calamba Sugar Estate Hosp.	Gen	Corp	24	1	..	..	...
Calbayog, 13,685—Capiz							
Capiz Provincial Hospital	Gen	Gov't	30	5	..	..	...
Capiz, 21,966—Capiz							
Emmanuel Hospital®	Gen	Church	65	5	80	36	1,433
Cavite, 22,165—Cavite							
U. S. Naval Hospital	Gen	Navy	185	..	..	125	1,401
Cebu, 65,900—Cebu							
Cebu General Clinic	Gen	Part	20	4	20	14	511
Cebu Maternity House	Mat	NPAssn	30	27	..	..	...
Chong Hua Chinese Hospital	Gen	NPAssn	20	..	..	4	58
Southern Islands Hospital®	Gen	Gov't	110	6	..	..	...
Corregidor, —Cavite							
Station Hospital	Gen	Army	150	6	107	89	2,483
Cotabato, 410—Cotabato							
Cotabato Public Hospital	Gen	Gov't	40	2	35	20	1,085
Culion, —Palawan							
Culion Leper Colony Hospital	Lepro	Gov't	830	16	143	525	2,300
Emergency Hospital No. 1	Unit of Culion Leper Colony Hospitals						
Cuyo, 14,706—Palawan							
Cuyo Hospital	Gen	Gov't	20	..	..	..	...
Dagupan, 22,612—Pangasinan							
Pangasinan Provincial Hosp.	Gen	Gov't	80	10	16	73	1,992
Dansalan, 5,585—Lanao							
Lanao Public Hospital	Gen	Gov't	50	..	..	..	...
Dapitan, 12,365—Zamboanga							
Rizal Memorial Hospital	Gen	Gov't	50	..	..	..	...
Davao, 13,046—Davao							
Davao Mission Hospital	Gen	Church	40	1	..	..	...
Davao Public Hospital	Gen	Gov't	60	5	..	..	...
Del Carmen, —Pampanga							
Del Carmen Hospital	Gen	NPAssn	32	4	18	11	718
Dipolog, 15,982—Zamboanga							
Dipolog Emergency Hospital	Gen	Gov't	12	..	..	..	...
Dumaguete, 16,227—Oriental Negros							
Dumaguete Mission Hospital	Gen	Church	60	6	..	..	...
Fabrica, 5,164—Occidental Negros							
Ilco Hospital	Gen	Corp	50	..	34	33	960
Ft. Stotsenburg,—Pampanga							
Station Hospital	Gen	Army	90	4	220	41	2,752
Ft. William McKinley,—Rizal							
Station Hospital	Gen	Army	87	..	..	35	1,152
Guinsyangan, 4,055—Tayabas							
Filipinas Lumber Company Hospital	Indus	Corp	10	..	..	..	...
Iloilo, 40,114—Iloilo							
Iloilo Mission Hospital®	Gen	Church	75	10	94	42	1,445
St. Paul's Mission Hospital	Gen	Church	100	..	..	..	...
Isabela, 2,281—Zamboanga							
Basilan Lumber Hospital	Indus	Corp	24	..	..	..	...
Jolo, 5,786—Sulu							
Sulu Public Hospital	Gen	Gov't	46	..	42	21	769
Kabasalan, —Zamboanga							
Pathfinder Estate Hospital	Gen	NPAssn	24	..	26	8	502
Kiangan, 276—Ifugao							
Kiangan Hospital	Gen	Gov't	15	..	..	..	...

Key to symbols and abbreviations is on page 798

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PHILIPPINE ISLANDS—Continued

Hospitals, Sanatoriums and Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Kolambugan, 1,260—Lanao							
Kolambugan Hospital	Gen	NPAssn	24	2	..	..	...
Laoag, 38,469—Ilocos Norte							
Sallie Long Read Memorial Hospital	Gen	Church	40	2	..	..	...
Legaspi, 52,756—Albay							
Albay Provincial Hospital	Gen	Gov't	35	7	..	..	...
Milwaukee Hospital	Gen	Church	29	6	17	7	428
Los Banos, 6,335—Laguna							
University of the Philippines Los Banos Infirmary	Gen	Gov't	20	2	10	..	205
Lubuagan, 226—Kalinga							
Lubuagan Public Hospital	Gen	Gov't	8	..	3	..	350
Lucena, 11,939—Tayabas							
Tayabas Provincial Hospital	Gen	Gov't	80	3	..	55	2,165
Makati, 12,470—Rizal							
City Sanatorium	Ment	City	234	..	..	..	...
Malaybalay, 9,868—Bukidnon							
Bukidnon Public Hospital	Gen	Gov't	16	1	15	21	328
Malolos, 26,444—Bulacan							
Bulacan Provincial Hospital	Gen	Gov't	30	6	..	..	...
Mandaue, 21,464—Cebu							
Eversley Childs Treatment Station	Lepro	Gov't	780	..	3	625	307
Manila, 285,306—Rizal							
Bilibid Hospital	Inst	Gov't	300	..	..	..	...
Chinese Hospital°	Gen	NPAssn	150	18	..	..	...
Hospital de San Juan de Dios°	Gen	Church	239	12	1,719	204	...
Mary Chiles Hospital°	Gen	Church	60	15	105	28	1,652
Mary J. Johnston Memorial Hospital°	Gen	Church	96	24	..	..	...
Maternity and Children's Hosp.	MatCh	Gov't	79	55	..	..	...
Philippine General Hospital*°	Gen	Gov't	663	64	4,132	515	19,223
St. Joseph's Hospital	Gen	Indiv	75	8	..	..	...
St. Luke's Hospital°	Gen	Church	125	10	..	..	...
St. Paul's Hospital°	Gen	Church	100	12	121	45	1,706
St. Theresita's Hospital	Gen	Indiv	65	10	..	..	...
San Lazaro Hospital	Tbls	Gov't	769	..	3	775	5,991
Sternberg General Hospital	Gen	Army	300	7	63	167	7,972
Margosatubig,—Zamboanga							
Margosatubig Emergency Hosp.	Gen	Gov't	18	..	..	..	...
Mati, 6,440—Davao							
Mati Emergency Hospital	Gen	Gov't	6	..	..	..	...
Naga, 9,396—Camarines Sur							
Naga Hospital	Gen	Gov't	22	..	..	..	...
Olongapo, —Zambales							
Cammilla Simpson Hospital	Gen	NPAssn	17	8	..	..	...
Pasay, 18,823—Rizal							
Harrison Hospital	Gen	Indiv	25	..	..	..	...
Mercy Hospital	Gen	Indiv	20	5	..	..	...
Puerto Princesa, 5,827—Palawan							
Puerto Princesa Hospital	Gen	Gov't	16	..	..	..	...
Sagada, 167—Mountain							
St. Mary the Virgin Dispensary and Hospital	Gen	Church	58	6	..	..	...
San Fernando, 19,885—La Union							
Bethany Hospital	Gen	Church	34	4	53	17	988
San Fernando, 21,092—Pampanga							
Pampanga Provincial Hospital	Gen	Gov't	50	8	..	..	...
San Jose,—Antique							
Antique Provincial Hospital	Gen	Gov't	16	7	5	13	262
San Juan del Monte, 6,618—Rizal							
Manila Heights Hospital	Gen	Indiv	100	..	..	..	248
San Miguel, 18,147—Bulacan							
Eladia Memorial Hospital	Gen	City	10	2	11	2	206
San Pablo, 31,214—Laguna							
San Pablo Hospital	Gen	City	20	..	..	..	...
San Pedro, 4,184—Rizal							
Hospital Espanal de Santiago	Gen	NPAssn	40	10	..	..	...
San Roque,—Cavite							
San Ramon Maternity and Children's Hospital	MatCh	Indiv	14	10	..	..	...
Santa Barbara, 30,913—Iloilo							
Western Visayas Treatment Station	Lepro	Gov't	250	..	..	255	150
Santa Cruz, 14,151—Laguna							
Laguna Provincial Hospital	Gen	Gov't	55	10	24	20	830
Santol,—Rizal							
Santol Tuberculosis Sanat.	TB	NPAssn	271	..	..	280	824
Silay, 23,065—Occidental Negros							
Silay Maternity and Children's Hospital	Gen	City	21	6	..	..	...
Sorsogon, 17,049—Sorsogon							
Sorsogon Provincial Hospital	Gen	Gov't	14	1	12	10	579
Tacloban, 15,478—Leyte							
Bethany Hospital	Gen	Church	34	1	8	8	400
Leyte Provincial Hospital	Gen	Gov't	21	2	..	..	...
Tagbilaran, 12,590—Bohol							
Bohol Provincial Hospital	Gen	Gov't	8	1	..	..	...
Presbyterian Mission Hospital	Gen	Church	26	4	23	13	1,141
Tanauan, 19,074—Leyte							
Maternity Hospital	Gen	NPAssn	15	6	16	3	173
Tarlac, 23,886—Tarlac							
Tarlac Provincial Hospital	Gen	Gov't	30	2	..	..	...
Vigan, 17,764—Ilocos Sur							
Ilocos Sur Provincial Hospital	Gen	Gov't	9	..	..	..	...
Philippine Christian Institute Hospital	Gen	Church	30	5	..	..	...
Zamboanga, 30,798—Zamboanga							
Brent Hospital	Gen	Church	30	3	..	..	...
San Ramon Prison Hospital	Inst	Gov't	45	..	12	2	706
Station Hospital	Gen	Army	10	..	..	3	185
Zamboanga General Hospital°	Gen	Gov't	80	8	84	57	2,143

PUERTO RICO

Hospitals, Sanatoriums and Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Aguadilla, 10,952—Aguadilla							
Hospital Municipal	Gen	City	24	4	..	..	...
Anasco, 3,064—Aguadilla							
Municipal Hospital of Anasco	Gen	City	16	3	..	..	...
Bayamon, 12,986—San Juan							
Hospital Municipal de Bayamon	Gen	City	50	..	..	..	...
Cabo Rojo, 4,605—Mayaguez							
Hospital Municipal	Gen	City	16	..	..	..	...
Cayey, 5,953—Guayama							
Clinica Dr. Villeneuve	Gen	Indiv	18	6	..	..	...
Fajardo, 7,322—Humacao							
Luis Manuel Hospital	Gen	City	32	4	294	30	1,378
Guayama, 10,953—Guayama							
Hospital de Tuberculosis	TB	Govt'	100	..	..	New	...
Gurabo, 3,468—Humacao							
Municipal Hospital	Gen	City	20	4	..	..	...
Hato Rey,—San Juan							
Clinical Dr. M. Julia	N&M	Indiv	125	..	..	100	140
Humacao, 7,937—Humacao							
Ryder Memorial Hospital	Gen	Church	50	10	107	38	1,123
Juana Diaz, 2,466—Ponce							
Hospital Municipal	Gen	City	42	3	60	37	887
Juncos, 5,297—Humacao							
Hospital Municipal	Gen	City	18	..	..	..	...
Lares, 3,049—Aguadilla							
Clinica San Jose	Gen	Indiv	8	2	..	..	...
Lares Municipal Hospital	Gen	City	28	..	..	..	...
Las Piedras, 1,335—Humacao							
Las Piedras Municipal Hosp.	Gen	City	16	..	..	..	...
Loiza, 1,606—Humacao							
Loiza Municipal Hospital	Gen	City	18	..	..	..	...
Manati, 7,449—Arecibo							
Hospital Municipal Manati	Gen	City	25	..	..	..	...
Maunabo, 1,117—Guayama							
Hospital "San Jose"	Gen	City	9	2	..	..	...
Mayaguez, 37,060—Mayaguez							
Clinica Betances	Gen	Indiv	70	10	3	27	242
Mayaguez and Western Polyclinic	Gen	Indiv	70	..	..	..	...
Mayaguez Sanatorium	Gen	Part	30	..	..	..	...
Naguabo, 4,087—Humacao							
Municipal Hospital	Gen	City	16	1	..	..	...
Ponce, 53,430—Ponce							
Clinica Quirurgica del Dr. Pila	Gen	Indiv	125	18	..	..	...
Hospital Municipal Valentin Tricoche	Gen	CyCo	230	13	240	..	4,380
St. Luke's Memorial Hospital	Gen	Church	65	6	61	30	1,257
Santo Asilo de Damas Hosp.	Gen	Church	110	..	..	..	...
Quebradillas, 1,755—Aguadilla							
Hospital Municipal de Quebradillas	Gen	City	12	..	..	2	70
Rio Piedras, 13,408—San Juan							
Insular Leper Colony	Lepro	Gov't	90	..	..	63	65
Psychiatric Hospital of Puerto Rico	Ment	Gov't	1,000	..	..	998	392
Sanatorio de la Sociedad Espanola de Auxilio Mutuo y Beneficencia de Puerto Rico	Gen	Frat	150	13	50	78	1,311
Salinas, 2,252—Guayama							
Hospital de Salinas	Gen	City	40	5	75	22	738
San Juan, 114,715—San Juan							
Capital City Hospitals	Gen	City	325	40	..	..	...
Children's Hospital	Unit of Capital City Hospitals						
Hospital de la Penitentiaria	InstTB	Gov't	38	20	..	..	...
Maternity Hospital	Unit of Capital City Hospitals						
Medicine Hospital	Unit of Capital City Hospitals						
Mental and Chronic Hospital	Unit of Capital City Hospitals						
Presbyterian Hospital	Gen	Church	84	20	190	68	1,654
Puerto Rico Sanatorium	Gen	Indiv	16	16	173	8	472
Quarantine Hospital	Iso	Gov't	50	..	..	1	453
Station Hospital	Gen	Army	50	4	22	40	707
Surgical Hospital	Unit of Capital City Hospitals						
University Hospital of the School of Tropical Medicine♦	Gen	Gov't	50	..	..	38	567
Santurce,—San Juan							
Hospital Mimiya	Gen	Indiv	100	12	99	60	800
Santa Rosa Clinic	Gen	NPAssn	15	2	..	..	...
Vega Baja, 4,784—Arecibo							
Vega Baja Municipal Hospital	Gen	City	35	5	25	20	341
Yabucoa, 3,841—Humacao							
Yabucoa City Hospital	Gen	City	24	2	56	27	927
Yauco, 8,607—Mayaguez							
Clinica "El Amparo"	Gen	Indiv	22	..	5	..	88
Yauco Hospital	Gen	City	30	..	..	..	...

VIRGIN ISLANDS

Hospitals, Sanatoriums and Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Christiansted, 3,767—St. Croix Island							
Christiansted Municipal Hosp.	Gen	City	50	8	82	41	807
Richmond Hospital	Ment	City	55	..	..	43	10
St. Croix Hospital for Leprosy	Lepro	City	90	..	..	85	8
Frederiksted, 2,698—St. Croix Island							
Frederiksted Municipal Hosp.	Gen	City	60	8	85	34	980
St. Thomas, 7,036—St. Thomas Island							
Municipal Hospital	Gen	City	90	10	..	..	...

Key to symbols and abbreviations is on page 798

THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

535 NORTH DEARBORN STREET . . . CHICAGO, ILL.

Cable Address . . . . "Medic, Chicago"

Subscription price . . . . . Seven dollars per annum in advance

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SATURDAY, MARCH 7, 1936

HOSPITAL SERVICE FOR THE AMERICAN PEOPLE

The fifteenth annual presentation of hospital data in this issue of THE JOURNAL provides facts about hospital service. Returns have come from 96 per cent of all the registered hospitals in the United States, representing around 99 per cent of the bed capacity. Appreciation is here tendered to hospital superintendents and other officials, to members of staffs and to officials of county and state medical societies and others who have made the annual census successful.

Hospitals have made an average gain of more than 25,000 beds a year for twenty-six years. Over 7,700,000 persons, not including new-born infants, were admitted as bed patients during 1935. Ninety per cent of all admissions were in general hospitals. Three fourths of the 200,000 idle beds in the country are in general hospitals. Confronted with these figures, all of which are conservative, can any one doubt the importance of the hospital as an adjunct to the practice of medicine? Will any one fail to see the significance of 769,660 babies born in the hospitals and a total of 320,000,000 patient days during the year? The operation of hospitals is one of America's major enterprises.

The three divisions or types of organizations controlling hospitals are nonprofit organizations, organizations for profit, and governmental agencies. The patronage of the nonprofit hospitals, although charging full or part cost when feasible and usually not subsidized, increased 7.5 per cent during the year 1935 as against an increase of 2.7 per cent in county and city hospitals and in proprietary hospitals and 5.8 per cent in governmental hospitals. The nonprofit organizations cared for nearly 60 per cent of all patients admitted to hospitals, the remaining 40 per cent going to governmental agencies and organizations for profit. Nonprofit hospitals, numbering 2,640, are composed mainly of general hospitals distributed over the entire country and each serving a more or less definite community. To this group go most of the acute cases of sickness and injury. Most of them are general hospitals. They accommodate the private patients of a majority of physicians. They are training places for most of the resident physicians, interns, medical students and nurses. These organizations therefore deserve support from the public, the profession and philanthropists. The nonprofit voluntary organization, whether independent corporation, church or other type of nonprofit association, must continue, increase and improve, with the support of the whole people.

The development of hospitals as educational institutions is introducing new problems into hospital administration and control. Occasionally public hospitals are exploited as institutions for postgraduate study without any attempt to demand adequate fundamental training or certification of prerequisite knowledge of those who take the postgraduate study. Hospital administrators must determine whether or not their main educational function is education of the undergraduate, education of the intern or postgraduate training. Moreover, the rights of the patient are paramount to any educational function.

IVAN PETROVITCH PAVLOV

On February 27 Prof. Ivan Petrovitch Pavlov died at the age of 87 years. Dr. Pavlov was the most prominent character in science and medicine in Russia of the past generation. In his passing the medical profession of the world mourns the loss of a congenial and brilliant colleague, whose contributions to scientific medicine will ever be a cherished heritage.

Son of a Russian priest, educated in the schools of Leningrad, he early betook himself to the laboratories of the leaders of physiologic research in Germany, the workshops of Ludwig and Heidenhain. In the laboratory of Heidenhain, Pavlov received the stimulus to research on the function of the alimentary canal. His contributions, particularly on the rôle of the nervous system in gastric and pancreatic functions, were of great significance. This work gained him the Nobel prize in physiology and medicine in 1904.[1] The essentials of Pavlov's investigations in this field have stood the test of time and the results stand as a milestone in this field of physiology and medicine.

During the last thirty years Pavlov was engaged in developing a new method of investigation of the central nervous system, the method of "conditioned reflexes."[2] Conditioned reflexes differ from the inherited reflexes in the sense that the former are the sequelae of individual experience. Following the lead of Pavlov, investigators have employed the conditioned reflex method extensively in the study of learning in all types of animals, from fishes to man. The method appears applicable in earliest childhood as well as in various conditions of the disturbances of the central nervous system in man and in animals. The possibility of this

1. The Work of the Digestive Glands, translated by W. H. Thomson, 1902.
2. Conditioned Reflexes, translated by Professor Anrep, Oxford University Press, 1927.

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method in the analysis of disorders of the central nervous system in man still lies mainly before us. As in the case of Pavlov's work on the digestive glands, the essentials of his contributions by the method of conditioned reflexes have stood the test of repetition. Of course, many facts and many interpretations have been challenged by other workers and require further study.

Professor Pavlov twice visited this country: first in 1923, and again at the meeting of the International Congress of Physiologists in Boston ten years ago. In the winter of 1935 he had a severe attack of pneumonia but recovered and was able to take part in the International Neurological Congress in London last July. He was president of the International Physiological Congress meeting in Leningrad and Moscow last August. At this congress he was given many tokens of high honor and personal regard by his fellow countrymen [3] and the thousand colleagues from other parts of the world. The present generation of physiologists and medical investigators in Russia is made up mainly of the pupils of Pavlov.

Professor Pavlov was a man of tremendous industry and enthusiasm in medical research, in poverty and in prosperity, fearless and uncompromising, but, with all, displaying the true democracy of science. He could laugh at his own folly as well as at the folly of his fellow men. He was deeply troubled by the misfortunes of his colleagues in his own and other countries in the present generation.

SURGEON GENERAL HUGH S. CUMMING RETIRES

On January 28 President Franklin D. Roosevelt sent the following letter to Surgeon General Hugh S. Cumming of the United States Public Health Service:

> It was with great regret that I learned that the state of your health would no longer permit you to bear the heavy strain of your work as Surgeon General of the Public Health Service and that Secretary Morgenthau had therefore given approval to the findings of a medical board, convened at your request, which recommended that you be placed on waiting orders as of February first.
>
> Your release from active duty marks the rounding out of a career in the public service which the American people can view with pride and admiration because of the honor you have brought to them as their faithful servant and benefactor. You, yourself, may view it with the most thorough satisfaction in a task well done.
>
> I am happy to recall that your labors in protecting humanity against disease and in advancing health standards everywhere have brought you deserved recognition and honor not only in your own country but throughout the world.
>
> I am privileged to express to you the gratitude of the Nation and to add my own thanks for the great service you have rendered.

The action followed the report of a board of medical officers, which indicated that the physical condition of Dr. Cumming no longer permitted him to bear the heavy burdens of his office. The announcement of his retirement brought messages of appreciation of his services from leaders in statesmanship and in public health throughout the world.

Dr. Cumming was the fifth Surgeon General of the United States Public Health Service. He was born Aug. 17, 1869, at Hampton, Va., and, after graduation in medicine from the University of Virginia in 1893, entered the Public Health Service as assistant surgeon in 1894. Between that time and February 1920, when he was first appointed Surgeon General, he served notably at Ellis Island, in San Francisco and abroad, acquiring extended knowledge of the medical aspects of the immigration question and also intimate knowledge of the details of public health and sanitation. During the World War he was detailed to the Navy as adviser in sanitation and later served in Europe as president of the interallied sanitary commission to Poland. He has represented the United States in innumerable foreign conferences on health matters and is a member of the permanent committee of the Office international d'hygiène publique, and of the health committee of the League of Nations. His distinguished career has been recognized by the decorations of Commander of the Legion of Honor of France, Commander Poland Restituta of Poland, Order Al Merito of Ecuador, Order of Carlos Finlay of Cuba, and Order of El Sol of Peru.

Space does not permit a listing of the unusual accomplishments of the United States Public Health Service during Dr. Cumming's administration. It is important to realize, however, that he was renominated to office by each succeeding President since 1920 and that his entire term of service embraces forty-two years, during sixteen of which he was Surgeon General.

The work of the Surgeon General of the United States Public Health Service gives him control of a department that must ever be in intimate contact with the medical profession. As a leader of that service Dr. Cumming showed always a sympathetic insight into the problems of the practicing physician and an earnest desire to be of the utmost assistance in working out those problems, so as to maintain the high quality of medical service rendered to the people by the American medical profession. In his appearances before numerous governmental commissions and legislative bodies he spoke always in behalf of the highest ideals. He recognized, however, the great responsibility which the medical profession bears to the public in rendering its service. Thus he said in concluding one of his best addresses on this subject:

> From time immemorial the medical profession has been regarded as the natural sponsor not only of individual but also of community health. Legal provisions relating to standards of medical education and privilege of the practice of medicine rest on this foundation. Whether this service in future shall be rendered by the profession in cooperation with health authorities or be made incumbent on the legal health representatives must depend on the character of the service rendered by the profession. It should be the object of the organized profession to impress on each individual physician his responsibility in this matter.

3. The Russian government had built a splendid new research laboratory and a comfortable home for Pavlov on a charming country site a few miles outside Leningrad.

Dr. Hugh S. Cumming retired on January 31, leaving for what should be a long and happy period of recreation following his arduous and distinguished work.

Current Comment

PROGRESS IN TRAINING OF INTERNS

The hospital internship has long been an accepted institution. Nearly every graduate takes a year or more of intern training whether it is required or not. The internship essentially is an educational experience. It is the fifth year in the study of medicine. The intern in his four years in medical school has been subject to a routine of class work, laboratory and the lecture room, with periodic examinations. In his fifth year, educational responsibility is shifted to the hospital. It is still an educational year. The hospital now assumes the rôle of an educational institution—a school. Staff physicians are the teachers. The patient-physician-intern relationship should prove a benefit to each member of the trio and to the hospital management as well. The hospital field has been covered by visits of inspection. Much study has been made of best methods and traditions in the training of interns. Much aid has been given, particularly to the newer and smaller hospitals that train interns, with the result that there are now 708 hospitals approved for intern training, each being marked by a star in the list of registered hospitals appearing in this issue. These furnish a total of about 6,500 approved internships. Interest in intern training is greater now than at any time since the Council published its first approved list in 1914. In addition to the Council's activities, the internship is receiving special attention and study in both large and small centers. The special study of approved internships in New York City is described in one of the contributed articles of this issue. During the present year the Council on Medical Education and Hospitals will pursue its study of the internships with increased zeal, and its staff of examiners expects to revisit not less than 500 hospitals approved for internship.

RESIDENCIES IN SPECIALTIES

One or more educational years of hospital experience following the internship is becoming more and more common. The increased use of hospitals for medical practice makes more hospital jobs for physicians. There is increasing desire for more experience and greater skill before entering independent practice. To help both the hospitals and young graduates, the Council has developed a list of hospitals approved for residencies in specialties. This was first issued in 1927 with 270 hospitals and 1,699 residencies. In the list of hospitals appearing elsewhere in this issue there are 405 hospitals approved for residencies in specialties, indicated by a plus sign. They provide for 2,600 residencies. A residency in a hospital is not of itself preparation for the practice of a specialty. It may be a proper step in that direction. Whether the erstwhile intern pursues additional hospital years as further preparation for general practice or as a step toward specialization, each year of additional service in an approved hospital is credited in the biographic file of the American Medical Association. Approved internships are likewise credited. Residencies in specialties are of special importance at this time, when certification of specialists is being rapidly developed through the formation of special examining boards, which will determine by an examination the fitness of the candidate to practice his specialty. The public and the profession may then know by turning to the American Medical Directory or other sources of information physicians who have been found to qualify in the practice of their specialty. Ten boards have already been formed and two additional ones are in the making. Five boards have been approved by the Council on Medical Education and Hospitals, one has been tentatively approved and three additional ones have applied. The combined efforts of these boards, the staffs of teaching hospitals, the Council and others will be required to develop residencies that will give the training needed toward meriting the qualifying certificate of a specialty examining board.

Association News

ABSTRACT OF MINUTES OF MEETING OF BOARD OF TRUSTEES HELD AT THE PALMER HOUSE, IN CHICAGO, FEB. 20 AND 21, 1936

LEGISLATION

The Board went on record as offering no objection to the principles embodied in bill H. R. 10586 to provide for the more adequate protection of the revenue, a more effective enforcement of the revenue and other laws administered by the Treasury Department and for other purposes, with the understanding that the consolidation proposed in the amended bill would maintain the integrity of the Bureau of Narcotics and the functions of the Commissioner of Narcotics in an independent unit and that the medical profession would not be placed under the direct surveillance of the Secret Service Division of the Treasury Department as such.

S. 3744 and its companion bill H. R. 10385, to amend the act creating the Federal Trade Commission, to define its powers and duties, and for other purposes, the purpose of which is to enlarge the powers and the authority of the Federal Trade Commission, was approved.

Concerning H. J. Res. 449, which proposes to authorize the Secretary of Labor to appoint a board of inquiry to make a prompt and thorough investigation of all facts relating to health conditions of workers employed in the construction and maintenance of public utilities, the Board voted to endorse action that will limit the study of problems in regard to industrial medicine to the United States Public Health Service and medical agencies.

It opposed H. R. 10632, to amend the act entitled "An Act to amend and consolidate the Acts respecting copyright," which would divest the publisher of control of copyrights and vest them in the author."

REQUESTS FOR SPECIAL SESSION OF HOUSE OF DELEGATES

Consideration was given to requests for the calling of a special session of the House of Delegates, even though they were not made as prescribed by the By-Laws, and, in view of

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the fact that the Kansas City Session is imminent, being less than ten weeks away, the Board deemed it inexpedient to call a special session prior to that time.

INVITATION TO SEND REPRESENTATIVES TO MEETING OF BRITISH MEDICAL ASSOCIATION

The Board voted to accept the invitation from the British Medical Association to send representatives to its meeting to be held in Oxford, July 21-24.

APPROPRIATIONS

Appropriations were made for the conduct of the work of the several councils, bureaus and committees, as well as for the continuance of scientific and therapeutic research; also for the purchase of presses and other machinery to replace equipment that is worn out and to provide additional, much needed facilities for handling the work in the headquarters office.

PARTICIPATION IN EXPOSITION IN SAN DIEGO, CALIF., AND IN DALLAS, TEXAS

The Board approved of the preparation of exhibits by the Bureau of Educational and Scientific Exhibits for the expositions in San Diego and Dallas.

DR. FRANK J. CLANCY SUCCEEDS DR. ARTHUR J. CRAMP AS DIRECTOR OF BUREAU OF INVESTIGATION

Approval was given to the employment of Dr. Frank J. Clancy of Seattle as director of the Bureau of Investigation, to succeed Dr. Arthur J. Cramp, who retired November 1 because of ill health.

ELECTIONS

To fill vacancies caused by expiration of terms, resignations and deaths, the following appointments were made: Council on Pharmacy and Chemistry—Dr. Torald Sollmann to succeed himself; Dr. W. C. Rose, Urbana, Ill., to succeed Dr. Lafayette B. Mendel (deceased), and Dr. E. M. K. Geiling, Baltimore, to succeed Dr. Reid Hunt (resigned). No appointment was made to fill Dr. L. G. Rowntree's place at present, it being decided that the work of the Council could be conducted with one less member. Council on Physical Therapy—Drs. Robert B. Osgood, F. J. Gaenslen and Howard T. Karsner to succeed themselves. Committee on Foods—Dr. Russell M. Wilder to succeed himself, and Dr. Martha Eliot, Washington, D. C., to succeed Dr. Lafayette B. Mendel (deceased). To expedite work of this committee, it was decided to make its secretary a member of the committee. *Archives of Internal Medicine*—Dr. Arthur Bloomfield; *Archives of Ophthalmology*—Dr. Arnold Knapp; *Archives of Neurology and Psychiatry*—Dr. H. Douglas Singer; *Archives of Otolaryngology*—Dr. Ralph A. Fenton; *Archives of Pathology*—Dr. Frank R. Menne—all to succeed themselves. *Archives of Dermatology and Syphilology*—Dr. Howard Fox of New York to succeed Dr. Charles J. White. *Archives of Surgery*—Dr. William Darrach to succeed himself, and Dr. Waltman Walters, Rochester, Minn., to succeed Dr. E. Starr Judd (deceased). Committee for the Protection of Medical Research—Drs. Lewis H. Weed and Walter Cannon to succeed themselves. Committee on Scientific Research—Dr. Ludvig Hektoen to succeed himself.

The resignation of Dr. Victor C. Jacobsen from the editorial board of the *Archives of Pathology* was received and it was decided not to fill his place.

MISCELLANEOUS BUSINESS

Numerous other matters received careful attention, and many of these will be reported on at a later date.

RADIO BROADCASTS

The American Medical Association broadcasts over WEAF, the Red network instead of the Blue, as formerly, and certain additional stations of the National Broadcasting Company at 5 p. m. eastern standard time (4 o'clock central standard time, 3 o'clock mountain time, 2 o'clock Pacific time) each Tuesday, presenting a dramatized program with incidental music under the general theme of "Medical Emergencies and How They Are Met." The title of the program is "Your Health." The program is recognizable by a musical salutation through which the voice of the announcer offers the toast "Ladies and gentlemen, your health!" The theme of the program is repeated each week in the opening announcement, which informs the listener that the same medical knowledge and the same doctors that are mobilized for the meeting of grave medical emergencies are available in every community, day and night, for the promotion of the health of the people. Each program will include a brief talk dealing with the central theme of the individual broadcast.

Red Network.—The stations on the Red network of the National Broadcasting Company are WEAF, WEEI, WTIC, WJAR, WTAG, WCSH, KYW, WFBR, WRC, WGY, WBEN, WCAE, WTAM, WWJ, WMAQ, KSD, WHO, WOW, WDAF.

Pacific Network.—The stations on the Pacific network are KGO, KPO, KFI, KGW, KOMO, KHQ, KFSD, KTAR.

Network programs are broadcast locally or rejected at the discretion of the local station. The lists indicate stations to which programs are available.

The next three programs are as follows:

March 10. Hard of Hearing, Morris Fishbein, M.D.
March 17. Eyesight Saving, W. W. Bauer, M.D.
March 24. Hay Fever and Asthma, Morris Fishbein, M.D.

Medical News

(PHYSICIANS WILL CONFER A FAVOR BY SENDING FOR THIS DEPARTMENT ITEMS OF NEWS OF MORE OR LESS GENERAL INTEREST; SUCH AS RELATE TO SOCIETY ACTIVITIES, NEW HOSPITALS, EDUCATION, PUBLIC HEALTH, ETC.)

CALIFORNIA

Society News.—Dr. Hans Lisser, San Francisco, addressed a joint meeting of the Los Angeles Society of Neurology and Psychiatry and the Endocrine Study Club of Los Angeles, February 19, on "Adrenal Cortical Syndromes with a Consideration of Cushing's Disease and Arrhenoblastoma."——At a meeting of the Los Angeles Society of Ophthalmology and Otolaryngology, February 18, Dr. Harry S. Gradle, Chicago, discussed "Surgery of Retinal Detachment: End Results of Various Methods."

COLORADO

Society News.—The Larimer County Medical Society was addressed in January in Fort Collins by Drs. Roy P. Forbes and Osgoode S. Philpott, Denver, on "Common Errors Made in Pediatric Diagnosis" and "Commonly Missed Dermatologic Diagnoses," respectively.——At a meeting of the Northeast Colorado Medical Society, January 29, a symposium on cancer of the female genital tract was presented by Drs. Lyman W. Mason, Sanford M. Withers and Charles B. Kingry, Denver. ——Dr. Henry M. Powell, Colorado Springs, addressed a joint meeting of the El Paso County Medical Society and the staffs of the various hospitals in Colorado Springs, January 15, on peptic ulcer.

GEORGIA

Health at Atlanta.—Telegraphic reports to the U. S. Department of Commerce from eighty-six cities with a total population of 37 million, for the week ended February 22, indicate that the highest mortality rate (24.4) appears for Atlanta and the rate for the group of cities as a whole, 14. The mortality rate for Atlanta for the corresponding period last year was 16.8 and for the group of cities, 12.1. The annual rate for eighty-six cities for the eight weeks of 1936 was 13.5 as against a rate of 12.9 for the corresponding period of the previous year. Caution should be used in the interpretation of these weekly figures, as they fluctuate widely. The fact that some cities are hospital centers for large areas outside the city limits or that they have a large Negro population may tend to increase the death rate.

ILLINOIS

Society News.—Dr. Martin F. Engman, St. Louis, discussed the subject of eczema before the Madison County Medical Society, Granite City, February 7.——At a meeting of the Kankakee County Medical Society in Kankakee, February 20, Dr. Kellogg Speed, Chicago, discussed skull fractures.——Dr. Leon Unger, Chicago, among others, addressed the Will-Grundy Medical Society, February 19, on "Recent Advances in the Study of Allergic Conditions."——Dr. Isaac A. Abt, Chicago, discussed "Management of the Infant During the First Three Months of Life" before the Decatur Medical Society, February 18.

Chicago

Correction—Clinical Meeting.—The Institute of Traumatic Surgery will hold an all day clinical session at St. Luke's Hospital, March 13, instead of March 15, as announced in THE JOURNAL, February 29.

Lectures on Mental Hygiene.—The Illinois Society for Mental Hygiene is sponsoring a series of lectures at Fullerton Hall, Art Institute. Dr. Charles F. Read, Elgin, gave the first in the series, February 19, on "Modern Hospital Care of the Mentally Ill," Dr. Abraham A. Low, the second, February 26, "A Common Form of Mental Disease: Dementia Praecox (Schizophrenia)," and Dr. Low, the third, March 4, "A Common Form of Mental Disease: Manic-Depressive Psychosis." Other speakers will be:

Dr. David B. Rotman, March 11, Mental Illness in Old Age.
Dr. Fred Temple Burling, March 18, Nervousness.
Dr. Rotman, March 25, Alcohol and Mental Disease.

Society News.—The Chicago Medical Society was addressed, March 4, by Drs. Ralph M. Waters, Madison, Wis., and John S. Lundy, Rochester, Minn., on anesthesia.——At a meeting of the Chicago Society of Internal Medicine, February 24, Dr. Edmund Jacobson, among others, spoke on "The Influence of Skeletal Muscle Tension on Blood Pressure."——Dr. Russell D. Herrold discussed "Environmental Altered Gonococcal Forms and the Probable Mechanism of Cure in Gonorrhea," among other speakers before the Chicago Urological Society, February 27.—— The Chicago Laryngological and Otological Society was addressed, March 2, by Dr. Louis Z. Fishman on "Bilateral Spastic Adductor or Flaccid Abductor Paralysis of the Larynx—Experimental Interpretation," and Clarence Simon, Ph.D., professor of speech reeducation, Northwestern University, "Functional Disorders of Speech and Their Correction."——Dr. Earl R. Carlson, New York, addressed a joint meeting of the Jane A. Neil Club and the Chicago Orthopaedic Society, March 4, on "Treatment of the Spastic Child."

IOWA

Physician Honored.—Dr. Jennie May Coleman received the Des Moines *Tribune* community service cup for 1935 at a ceremony, February 14. The ceremony was broadcast over radio station KSO with Basil L. Walters, managing editor of the *Register and Tribune*, introducing Dr. Coleman. The physician is 67 years of age and a graduate of the State University of Iowa College of Homeopathic Medicine, class of 1898.

Society News.—Dr. Carlo S. Scuderi, Chicago, addressed the Scott County Medical Society, January 7, in Davenport, on "Injuries of the Vertebral Column."——Dr. Charles A. Elliott, Chicago, discussed "Management of Hepatic Disease" before the Woodbury County Medical Society in Sioux City, January 8.——Dr. Irving F. Stein, Chicago, addressed a joint meeting of the Grimes Study Club and Des Moines Academy of Medicine in Des Moines, January 25, on "Gynecologic Diagnosis with the Aid of Pneumoroentgenography and Hysterosalpingography"; in the morning Dr. Stein conducted a clinic.

KENTUCKY

Society News.—Dr. Frank M. Stites Jr., Louisville, addressed the Christian County Medical Society, Hopkinsville, January 21, on hypertensive heart disease.——Speakers at a meeting of the Bourbon County Medical Society, Paris, January 16, were Drs. Arthur B. Barrett, Lexington, on "Significance of Pulse, Temperature and Blood Pressure in Obstetric Complications"; Eugene H. Hyden, Auxier, "Inhibition in Prostatic Hypertrophy," and Eugene L. D. Blake, Paris, "Significance of Sedimentation Tests."——A symposium on treatment of peptic ulcer was presented at a meeting of the Jefferson County Medical Society, Louisville, February 17, by Drs. Chauncey W. Dowden, Frank A. Simon and Irvin Abell. Speakers in a symposium on hypertension, February 3, were Drs. Woodford B. Troutman, Frank M. Stites Jr., Frank W. Pirkey, Louisville, and Garland L. Dyer, Buechel.

MARYLAND

Dr. Williams Honored.—A testimonial dinner was given in honor of Dr. Huntington Williams, health commissioner of Baltimore, January 22, by more than 200 Baltimore physicians and officers of the Baltimore Association of Commerce at the Southern Hotel. Dr. John M. T. Finney, professor emeritus of surgery, Johns Hopkins University School of Medicine, was toastmaster. Speakers at the dinner included Mayor Jackson, Drs. Thomas S. Cullen, who was honorary chairman, Charles C. W. Judd, Allen W. Freeman, Baltimore, and Reginald M. Atwater, New York, secretary of the American Public Health Association. Dr. Williams has been commissioner of health of Baltimore since 1932, when he succeeded the late Dr. C. Hampson Jones. The previous year he resigned as secretary of the New York State Department of Health, Albany, to become director of health of Baltimore.

MASSACHUSETTS

Bills Introduced.—H. 1097, to amend the dental practice act, proposes to prohibit registered dentists and dental hygienists from advertising "in any newspaper or by radio, display sign, or by means of show cases, containing the representation of a tooth, teeth, dental restoration of any kind or of whatsoever design or description of any portion of the human head or neck or photograph of any person, in any other manner whatsoever." H. 1528, to amend those provisions of the medical practice act relating to the educational qualifications of applicants, proposes (1) to require applicants to possess the educational qualifications required for graduation from a public high school, (2) to have attended courses of instruction for four years of not less than thirty-two school weeks in each year, or courses which, in the opinion of the board, are equivalent thereto, in one or more legally chartered medical schools and (3) to have received the degree of doctor of medicine or its equivalent from legally chartered medical schools having the power to confer degrees in medicine and, if chartered under the laws of any other state than Massachusetts, approved by the board.

MICHIGAN

Arts and Craft Exhibition.—The third annual exhibit of arts and crafts under the auspices of the art committee of the woman's auxiliary to the Wayne County Medical Society will be held March 8-13. Physicians and members of their families are eligible to exhibit their work.

MINNESOTA

Dr. Lyon Will Retire as Dean.—Dr. Elias P. Lyon, since 1913 professor of physiology and dean of the University of Minnesota School of Medicine, will retire from the faculty June 30. Dr. Lyon, who is 68 years of age, received the honorary degree of doctor of medicine from St. Louis University in 1910. He taught at Hillsdale College, Harvard School, Chicago, and Bradley Polytechnic Institute, Peoria, Ill. He became assistant professor at Rush Medical College in 1900. This position he held until 1904, carrying concurrent appointments of assistant professor of physiology and assistant dean at the University of Chicago from 1901 to 1904. He was professor of physiology at St. Louis University School of Medicine from 1904 to 1913 and dean from 1907 to 1913. In the latter year he went to the University of Minnesota School of Medicine as professor of physiology and dean. Dr. Lyon was president of the Association of American Medical Colleges in 1913.

MISSISSIPPI

Society News.—At a meeting of the Coahoma County Medical Society and the staff of Clarksdale Hospital in Clarksdale, January 8, Dr. William H. Brandon, Clarksdale, discussed hypotension, among other speakers.——Dr. Guy C. Jarratt, Vicksburg, read a paper before the Homochitto Valley Medical Society in Natchez, January 8, entitled "Pyuria in Children."——Among others, Dr. James S. McLester, Birmingham, Ala., President, American Medical Association, addressed the North Mississippi Medical Society, January 15, in New Albany, on "Deficiency Syndrome in America."——The Issaquena-Sharkey-Warren Counties Medical Society devoted its meeting, January 14, to a discussion of medical economics; speakers were Drs. Winston C. Pool and Henry S. Goodman, Cary, and William K. Purks, Willard H. Parsons, Leon S. Lippincott and Edley H. Jones, all of Vicksburg.

MISSOURI

Dr. Cannon Gives First Loeb Lecture.—Dr. Walter B. Cannon, George Higginson professor of physiology, Harvard Medical School, Boston, delivered the first Leo Loeb Lecture at Washington University School of Medicine, March 2. His address was entitled "Some Adventures in Discovery."

Society News.—A joint meeting of the Jackson and Wyandotte County medical societies in Kansas City was addressed, February 11, by Dr. Wheelan D. Sutliff, Chicago, who discussed "Cases of Pneumococcus Infection Illustrating Pneumothorax Therapy, Oxygen Therapy and the Spontaneous Development of Immunity."——A symposium on urologic diagnosis was presented before the St. Louis Medical Society, February 11, by Drs. John F. Patton, James M. Macnish, Elmer E. Sexton and James A. O'Dowd. Speakers February 4 were Drs. Vilray P. Blair and Duff S. Allen on "Peridental Infections" and "Lateral Aberrant Thyroid" respectively.

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NEW JERSEY

Bill Introduced.—A. 416, to amend the laws relating to the practice of the healing art, proposes to require the board of medical examiners to issue a license to practice osteopathy to any licensed chiropractor in New Jersey who possesses an unrevoked license to practice osteopathy in another state or in the District of Columbia. The scope of the license to practice osteopathy to be issued to such a practitioner is to be equivalent to the scope of the license to practice osteopathy on the basis of which his license to practice osteopathy in New Jersey is issued.

NEW YORK

Bills Introduced.—S. 1063, to amend the medical practice act, proposes that notwithstanding any other provisions of that act, a graduate of a medical school or college registered and maintaining at the time a standing satisfactory to the education department, who has been licensed in a foreign state or country on written examination, may have his foreign license endorsed without examination and be licensed to practice medicine in New York. S. 1065, to amend the medical practice act, proposes to make it a ground for the revocation of a license for a physician to advertise for patronage by means of handbills, posters, circulars, letters, stereopticon slides, motion pictures, radio or newspapers. S. 1083 and A. 1356 propose to appropriate $100,000 to the department of labor to be used for the prevention of silicosis and other dust diseases. S. 1084 and A. 1355, to amend the workmen's compensation act, propose to restrict, within the limits set out in the bill, the compensation and medical treatment for which an employer is liable under that act, to a worker partially or totally disabled from silicosis or other dust diseases. A. 1445 proposes that the provisions of the pharmacy practice act shall not apply to the manufacture of proprietary medicines, except such as are poisonous, deleterious and/or habit forming.

New York City

Society News.—Dr. Alexander W. Jacobs addressed the Bronx Gynecological and Obstetrical Society, February 24, on "Radiation Therapy in Gynecology."——Drs. Louis J. Ferrara and Joseph Lozner addressed the Bronx Pathological Society, February 18, on "Present Concept of Jaundice."——At a meeting of the International Spanish Speaking Association of Physicians, Dentists and Pharmacists, February 21, a program of surgical, medical and dental motion picture films was presented. Dr. Jacob M. Gershberg was recently reelected president of this association.——Speakers before the Medical Society of the County of Queens, February 25, were Drs. Charles C. Wolferth, Philadelphia, on "The Present Status of Electrocardiography in the Study of Coronary Arteriosclerosis and Its Complications"; Irving R. Roth, "Prognosis of the Various Types of Heart Disease," and Daniel Porte, "Newer Methods of Treatment of Diseases of the Heart." Dr. Benjamin Koven gave the society's Friday afternoon lecture, March 6, on "Painful Feet."——Dr. William P. Murphy, Boston, addressed the National Society for the Advancement of Gastro-Enterology, February 25, presenting "An Analysis of the Complications in a Series of Patients with Pernicious Anemia, with Special Consideration of the Digestive System," and Dr. Leon Schiff, Cincinnati, on "Jaundice."——Dr. George W. Crile, Cleveland, addressed the New York Cardiological Society, February 26, on "The Genesis and Operative Treatment of Essential Hypertension."——Drs. Leo M. Davidoff and Raphael Kurzrok addressed the New York Endocrinological Society, February 26, on "Pituitary Tumors" and "Clinical Value of Sex Hormone Tests" respectively.——Dr. Percy Klingenstein addressed the New York Surgical Society, February 26, on "Problems in the Surgical Management of Gastric Ulcer."

NORTH CAROLINA

University News.—Dr. Alfred Blalock, Nashville, Tenn., delivered lectures on "Shock and Lymphatic Obstruction" at Duke University School of Medicine, January 30-31. Dr. Charles F. Strosnider, Goldsboro, president-elect of the Medical Society of North Carolina, spoke, January 23, on "Organized Medicine and Medical Ethics."

OHIO

Dr. Huston Honored.—The Montgomery County Medical Society gave a dinner at the Biltmore Hotel, Dayton, January 24, in honor of Dr. Edwin M. Huston, Dayton, president-elect of the Ohio State Medical Association. Dr. Harold F. Koppe, president of the county society, presided and speakers were Drs. Huston, Claud N. Chrisman and Walter M. Simpson. Flowers and a volume containing signatures of the guests were presented to Dr. Huston.

PENNSYLVANIA

Personal.—Dr. Francis S. Chambers has resigned as chief surgeon of the State Hospital for Crippled Children, Elizabethtown, it is reported.——Dr. David Moore Davis, Broughton, was honored by a testimonial dinner given by the community, January 28, in recognition of his thirty-five years of service.

Philadelphia

Medical Forum Lectures.—The second lecture in the Medical Forum in the auditorium of the Philadelphia County Medical Society will be delivered by Dr. Cornelius P. Rhoads of the Rockefeller Institute for Medical Research, New York, March 13, on "The Newer Knowledge of Blood Diseases." Dr. Walter C. Alvarez, Rochester, Minn., will give the third lecture, April 24, on "The Emergence of Modern Medicine from Ancient Folkways."

Symposium on Cancer.—Nine physicians will present a symposium on cancer before the Philadelphia County Medical Society, March 11. Various aspects of the disease will be discussed by Drs. Stanley P. Reimann, whose subject will be pathology; George E. Pfahler, x-ray treatment; Frank C. Knowles, the skin; George M. Dorrance, the mouth; John Stewart Rodman, the breast; George P. Muller, the chest; Damon B. Pfeiffer, the gastro-intestinal tract; Leon Herman, the genito-urinary tract, and Collier F. Martin, the rectum.

RHODE ISLAND

Bills Introduced.—S. 76 proposes to create a board of examiners in naturopathy and to enact a naturopathic practice act. The bill defines the practice of the "profession" of naturopathy "as non-medical and drugless" and as a science "dealing with the diagnosis and treatment of disease through natural therapeutics." It is to "embrace and include physiological mechanical and dietetic sciences, such as mechanotherapy, electrotherapy, use of diet and herbs including powdered and dehydrated foods and fruits, and other methods as taught in the various recognized schools of naturopathy, excepting, however, surgery and the prescription of compounded drugs." H. 714, to amend the chiropody practice act, proposes (1) to define chiropody or podiatry as the "diagnosis of foot and leg ailments; the dressing, padding and strapping of the foot; the making of plaster models of the feet and legs and the palliative, medical, surgical, manipulative, electrical and mechanical treatment of functional disturbances of the feet and legs as taught and practiced in the schools of chiropody recognized by the examining board" and (2) to permit licentiates to practice chiropody in all its branches pertaining to foot and leg ailments, as taught and practiced in the schools or colleges of chiropody, not including, however, the amputation of the feet or the use of any anesthetic other than local.

SOUTH CAROLINA

Bill Introduced.—S. 1310, to amend the dental practice act, proposes to make it additional grounds for the revocation of a license to practice dentistry for a licentiate to employ "cappers" or "steerers" to obtain business; to obtain any fee by fraud or misrepresentation; to betray wilfully a professional secret; to employ directly or indirectly any student or any suspended or unlicensed dentist to perform operations of any kind; to use any advertising statements of a character tending to deceive or mislead the public; to advertise professional superiority or the performance of professional services in a superior manner; to advertise prices for professional services; to advertise by means of large display, glaring light signs, or any sign containing as a part thereof the representation of a tooth, teeth, bridgework or any portion of the human head; to employ or use advertising solicitors or free publicity press agents; to advertise any free dental work or dental examination, or to advertise to guarantee any dental service or to perform any dental operation painlessly.

TEXAS

Personal.—Dr. David T. Bundy, Tyler, was recently named health officer of Smith County, succeeding the late Dr. Benjamin T. Bryant.——Dr. Wiley C. Morrow, Greenville, has been appointed to the state board of medical examiners to succeed the late Dr. Herman H. Blankmeyer, Aransas Pass.

Medical Assembly in San Antonio.—Dr. Roy T. Goodwin, San Antonio, was elected president of the Southwest Texas District Medical Society (fifth and sixth districts of the state medical association) at the International Post-Graduate Medical Assembly sponsored by the society in San Antonio, January 28-31. Speakers at the meeting included Drs. Hiram Winnett

Orr, Lincoln, Neb.; Edward H. Richardson, Baltimore; Nathaniel G. Alcock, Iowa City; Byrl R. Kirklin, Rochester, Minn.; Abraham Cantarow, Philadelphia; David P. Barr and Alexis F. Hartmann, St. Louis; John R. Hume and Edward William Alton Ochsner, New Orleans; Clement L. Martin, Chicago; Francisco de P. Miranda and Teofilo Ortiz y Ramirez, Mexico City.

UTAH

Annual Registration Due April 1.—All practitioners of medicine and surgery licensed to practice in Utah are required to register annually on or before April 1 with the department of registration and to pay a fee of $3. If a licentiate fails to reregister within from ninety days to six months after April 1, his license can be revoked, and if revoked it will be reinstated only on his paying the delinquent registration fees and an additional year's fee as a penalty.

WASHINGTON

Microscope Stolen.—Dr. Willard F. Goff, Seattle, reports that his comparatively new Spencer microscope was stolen from King County Hospital, Seattle, in the few days preceding February 23. The instrument is number 120478, is black with chromium trimmings, and has a black cloth cover and a yellow wooden case with a nickel handle. It has three objectives (including a fluorite oil immersion) and a mechanical stage with graduations. Dr. Goff's name is on the book of directions and on the bottom of the case. The substage mirror is missing and a black metal substage was also taken.

WYOMING

Annual Registration Due April 1.—All practitioners of medicine and surgery licensed to practice in Wyoming are required by law to register on or before April 1 with the secretary of the Board of Medical Examiners and to pay a fee of $2.50. If a licentiate fails to pay the fee within three months after April 1 his license can be annulled, and if annulled it will be reinstated only on his paying the stated fee, plus $5 as a penalty.

GENERAL

Licenses Lost.—Drs. Vincent Edward and Grace St. Clair Wagner, San Dimas, Calif., report that on a recent shopping tour their California medical licenses issued to them Aug. 11, 1927, were left on a store counter. Their medical diplomas issued May 11, 1927, by the University of California Medical School also were lost.

Surgical Congress.—The seventh annual assembly of the Southeastern Surgical Congress will be held at the Roosevelt Hotel, New Orleans, March 9-11. In addition to clinics and round table discussions, there will be addresses by the following physicians, among others:

Arthur W. Allen and Henry F. Howe, Boston, Calcified Mesenteric Glands: Their Relationship to Abdominal Pain.
Roger Anderson, Seattle, Fractures of the Shaft of the Femur: An Ambulatory Method.
Guy A. Caldwell, Shreveport, Surgical Measures for Prevention of Gas Gangrene.
George W. Crile, Cleveland, Malignant Hypertension.
Roger G. Doughty, Columbia, S. C., Use of the Time Factor in Peritonitis.
Chevalier Jackson, Philadelphia, Tumors of the Trachea, with Special Reference to General Surgical Phases.
James S. McLester, Birmingham, Nutritive Failure as a Cause of Vague Ill Health.
Alan C. Woods, Baltimore, Ocular Manifestations of Intracranial Tumor.

"Cancer Research Aid Fund."—A letter describing an "association for the purpose of financially assisting cancer hospitals, cancer clinics and cancer research stations" has recently been sent to numerous hospitals, universities and research organizations. The letter, which bears the signature of one Mavlar Greenfield as "managing director," asks the recipient to file a detailed statement of activities, financial requirements and purposes for which funds are used. On filing this information the institution will become a member of the proposed association, the letter says. A research organization in New York turned one of these letters over to the Better Business Bureau, which after investigation reported that Mr. Greenfield had not been available personally at any time. In telephone conversations he had said that he had no definite plans as yet, that he knew nothing about cancer, that the idea was his own and that he could not give any further information. When asked if he had promoted other things he replied that he had but would give no details. He is not listed in the New York telephone directory but has desk room in the office of an interior decorator at 570 Seventh Avenue, according to the report.

Medical Bills in Congress.—*Bills Introduced:* H. J. Res. 505, introduced by Representative White, Idaho, proposes that the Civil Service Commission shall not disapprove the application of any person for examination for medical officer in the Indian Service solely on the ground that such application was filed more than twenty years after graduation from a medical school. H. R. 11505, introduced by Representative Disney, Oklahoma, and H. R. 11525, introduced by Representative McGroarty, California, propose to grant retirement pay to disabled emergency officers at the rate paid them on March 19, 1933, if the disability resulted from disease or injury or aggravation of a preexisting disease or injury incurred in service and directly resulting from the performance of duty. H. R. 11452, introduced by Representative Doughton, South Carolina, proposes, among other things, to abolish the Bureau of Narcotics and to create in the Secret Service Division of the Treasury Department a Section of Narcotics. The bill provides for the appointment of a deputy, to be known as the Commissioner of Narcotics, to be in charge of the section. It expressly provides that the following functions shall be continued to be performed by the Commissioner of Narcotics: (1) All functions performed under treaties to which the United States is a party, so far as such functions require communication or cooperation with foreign governments; (2) all functions relating to cooperation with the states and relating to the development of treaties, with regard to the supervision and control of the traffic in narcotic drugs, and (3) the functions of supervising the legitimate traffic in narcotic drugs.

Bequests and Donations.—The following gifts have recently been announced:

Woodstock Public Hospital, Woodstock, Ill., $50,000 under the will of the late Mrs. Jeannie Lee Bentley.
Lankenau Hospital, Philadelphia, $5,000 from the late Mrs. Josephine Eckert; $3,000 by the will of the late Caroline Lachenmayer.
Lenox Hill Hospital, New York, $15,000 by the will of Mrs. Anna Thalmann.
Frisbie Memorial Hospital, Rochester, N. H., $10,000 worth of x-ray equipment, the gift of former Governor and Mrs. Huntley L. Spaulding, Rochester.
Pennsylvania Hospital, Philadelphia, $54,369, the residuary estate of Mrs. Hattie Grace Copp. The fund is to be used for research in memory of Mrs. Copp and her husband, Dr. Owen Copp, who was for several years superintendent and medical director of the Pennsylvania Hospital for the Insane.
Pennsylvania and Protestant Episcopal hospitals, Philadelphia, $5,000 each by the will of the late Mrs. Anna M. Moorhead.
Hahnemann Medical College and Hospital, Philadelphia, $750,000 by the will of Mrs. Ada Norton Jamison, to endow rooms and beds in memory of her parents; also River Crest Preventorium, Mont Clare, Pa., $10,000.
Bryn Mawr Hospital, Bryn Mawr, Pa., $5,000 by the will of Albert L. Baily, Haverford.
Mount Sinai Hospital, Philadelphia, $100,000 from the residuary estate of the late Anthony A. A. Schwartz after the death of the beneficiaries of three trust funds.
Ossining Hospital, Ossining, N. Y., $2,000 by the will of Mary Goss Young.
Jewish Hospital of Brooklyn, $5,000 by the will of Simon Frank Rothschild.
Memorial Hospital, New York, $5,000 by the will of the late Miss Emeline Roach.
House of Rest at Sprain Ridge, Yonkers, N. Y., $5,000 by the will of Benjamin Welles.
Jefferson Hospital, Philadelphia, $10,000 under the will of Edward I. Smith Jr.
University of Cincinnati College of Medicine, $12,500 added to the David May Fund; $5,000 anonymously given for the department of surgery; $450 from Dean Alfred Friedlander for the Friedlander Fund in internal medicine; $300 for the Eleanora C. U. Alms Fund.
Elyria Memorial Hospital, Elyria, Ohio, $50,000 given by David L. and Arthur E. Johnson, Cleveland, as a memorial to their parents.

FOREIGN

Deaths in Other Countries

Dr. Charles Jean Henri Nicolle, director of the Pasteur Institute of Tunis, Tunisia, since 1903, died February 28, aged 69. Dr. Nicolle was born in Rouen, France, studied medicine at the University of Paris and worked under the late Emile Roux at the Pasteur Institute. He was made a professor at the Rouen Medical College in 1893 and in 1896 founded the bacteriology laboratory there. In 1928 he received the Nobel prize in medicine for his research on typhus, notably the discovery that the disease is transmitted by lice in clothes. It was as a result of his discovery that delousing was made a part of army operations during the World War. Other research for which Nicolle was noted included work on the use of convalescent serum in treatment of typhoid and measles, on cholera, trachoma, relapsing fever, undulant fever, cattle plague, leishmaniasis, scarlet fever and German measles.

Prof. Ivan Petrovitch Pavlov, famed physiologist, died in Moscow, February 27, of a form of grip, according to Associated Press dispatches. Born Sept. 14, 1849, the son of a village priest in the district of Ryazan, Pavlov was educated at the University of St. Petersburg and the Military Medical

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Academy in St. Petersburg, now Leningrad. In 1890 he was appointed director of the department of physiology at the Institute of Experimental Medicine in St. Petersburg and in 1897 professor at the Military Medical Academy. Under the Soviet rule Pavlov received special favors from the government, many of which he refused to accept, insisting that he would live in the same manner as other scientists. When he was 85 the government gave him a pension of 20,000 rubles a year, and a fund of a million rubles was made available for extensions of his laboratory in Leningrad. Pavlov's best known work was that on conditioned reflexes, which is considered to have opened the way for new schools of physiology and psychology. He was many times honored for his achievements. In 1904 he received the Nobel prize in medicine for his research on the salivary glands. He was a foreign member of the Royal Society of England and an honorary fellow of the Royal College of Physicians. In the summer of 1935 he served as president of the fifteenth International Physiological Congress at its meeting in Moscow. Pavlov visited the United States twice, first in 1923 as the guest of friends in New Haven, Conn., and in 1929 as the guest of the thirteenth International Physiological Congress, which met in Boston.

Government Services

Retirement of Captain Bell

Capt. William H. Bell retired from the medical corps of the U. S. Navy, January 1, on his own application, with the rank of rear admiral. Admiral Bell was born in Wisconsin in 1873. He graduated from the University of Pennsylvania Medical Department in 1897 and was appointed an assistant surgeon in the navy in 1898. Advancing through the various grades of the service, Admiral Bell was the first editor of the U. S. Medical Bulletin when it was established in 1907 and has been head of the division of preventive medicine in the bureau of medicine and surgery. From 1932 to 1934 he was in command of the Naval Medical School.

Examination for Appointment to Public Health Service

The U. S. Public Health Service announces an examination to be held April 13 for entrance into the regular corps of the service in the grade of assistant surgeon (medical only). Applicants must not have passed their thirty-second birthday; they must be graduates of a reputable medical college and must have completed at least one year of internship or its equivalent since graduation. Boards will be appointed in various cities so as to cause as little travel as possible, and travel is at the candidate's expense. The examination will consume about a week. Compensation of officers in the grade of assistant surgeon is $3,158 a year with dependents and $2,699 without dependents. Persons wishing to take this examination should request the necessary blanks and information from the Surgeon General, U. S. Public Health Service, Washington, D. C.

Course for Reserve Medical and Dental Officers

The fourth annual medical military refresher course for reserve medical and dental officers of the army, navy and national guard will be held at the University of Michigan, Ann Arbor, April 12-25. Reserve officers living in Michigan, Illinois and Wisconsin on application to their respective commanders may obtain orders to attend this inactive duty school, and officers in Ohio, Indiana, Kentucky and West Virginia are invited to attend. The morning hours during the two weeks will be occupied in ward walks, observation of surgical operations, clinical conferences and demonstrations in internal medicine, general surgery and oral and dental surgery. Medical officers will be required to elect either internal medicine or surgery as their clinical field of study in medical school and the University Hospital. The dental officers will follow a course arranged by the school of dentistry and the section on oral surgery at the hospital. The afternoon and evening periods will include lectures and demonstrations on clinical subjects pertinent to civilian practice but also of military importance, military information of value to medical and dental officers, and other general discussions by members of the faculties of the university and officers in the reserve and regular services of the army and navy. All inquiries should be directed through military channels.

Foreign Letters

LONDON

(From Our Regular Correspondent)

Jan. 25, 1936.

The Treatment of Paralytic Ileus

Mr. Sampson Handley devoted his presidential address before the Section of Surgery of the Royal Society of Medicine to the treatment of paralytic ileus in acute appendicitis, a subject on which he has done original work. He holds that these cases are amenable to timely and energetic treatment, based on a study of the pathology of peritonitis. He pointed out that so-called general peritonitis is rarely universal, even at the time of death. Peritonitis begins in the pelvis even when the septic focus, such as a pinhole duodenal perforation, is high in the abdomen, and still more in infections arising lower down, such as appendicitis. Unless adhesions form, the infective matter drains rapidly into the pelvis. Thus only limited spread occurs round the original focus, but an intense inflammation arises in the rectovesical pouch, to which the septic products are led. The pelvis fills with pus from below upward. Thence the pus gradually rises into the hypogastric region, and hypogastric rigidity appears. When the peritonitic flood reaches the umbilicus, intestinal paralysis kills the patient. An important consequence of this floodlike invasion of the peritoneal cavity is that the stomach, jejunum and transverse colon remain uninflamed and unparalyzed until the patient is moribund. This is the key to successful treatment.

There are thus three clinical stages of so-called general peritonitis: (1) pelvic peritonitis, (2) hypogastric peritonitis and (3) the hopeless "clinical picture" or textbook stage. In pelvic peritonitis, acute rectal and vaginal tenderness, with edematous thickening of the rectovesical fold and uterosacral ligaments, are found on pelvic examination. There is hypogastric distention and tenderness, and perhaps vomiting, but there is no hypogastric rigidity, though there may be iliac rigidity. If the appendix is pelvic it may be felt as a definite swelling. The patient's life depends on recognizing the next stage, that of hypogastric peritonitis, which is characterized by the supervention of hypogastric rigidity and immobility on the previous hypogastric distention. It is assumed that pelvic drainage has already been done at the appendectomy. Above the umbilicus the abdomen is flat or only slightly distended, still soft and only moderately tender. On palpation a resonant rounded swelling, almost as definite in its upper outline as the distended bladder and reaching to the umbilical level, can be felt in the hypogastric region. It is formed by distended coils of small intestine. Mr. Handley calls it "the hypogastric football." Soon the supra-umbilical region, though remaining soft and retaining some movement, begins to share in the distention, and the stretching of its muscles may be mistaken for genuine rigidity. Vomiting is vigorous and copious and at first is not offensive. Though obstruction is evidently present, small quantities of flatus may be passed. The hypogastric stage is short, lasting perhaps twenty-four hours. In the third or "textbook stage" of "general peritonitis," rigidity is present above as well as below the umbilicus.

Intestinal paralysis may arise in the pelvic stage. Then only the pelvic intestine—a length of pelvic ileum, and later, not invariably and sometimes incompletely, a length of pelvic colon—is paralyzed. In 1910 Mr. Handley described this condition as "ileus duplex" to emphasize the fact of the two obstructions. He showed that successful treatment depended on recognizing this and performing ileocecostomy and cecostomy. Intestinal paralysis may not supervene until the hypogastric stage. The operative problem is then different, for longer and less defined tracts of both large and small intestine are involved in the

paralysis. When the "hypogastric football" is palpable the time is short, but it may be assumed that paralysis has not involved the stomach, jejunum and transverse colon. Here are the materials for constructing a short but complete alimentary canal above the level of the peritonitic flood. A distended coil of jejunum is anastomosed to the transverse colon, and the secum is opened. Reflux occurs from the anastomosis along the transverse and ascending colon to the cecostomy. Within twenty-four hours the almost moribund patient with paralytic ileus is transformed, free discharge occurs, and the abdomen becomes soft and flaccid.

Mr. Handley holds that enterostomy is not a rational operation for cases of combined obstruction of the lower part of the small intestine and of the lower part of the large, unless the latter obstruction is likely to pass off spontaneously in a day or two. Spontaneous and sufficiently prompt recovery of the large intestine is unlikely in the grave streptococcic infections of appendicitis. Enterostomy drains only the small intestine. The obstructed large intestine is prevented by the ileocecal valve from emptying into the small intestine. In spite of the enterostomy the patient dies from toxic absorption from the distended large intestine. Cecostomy is necessary for drainage of the large intestine. It has been objected that the ileotransverse colostomy recommended by Mr. Handley is a long and difficult operation involving great strain on the vital resources; but that depends on the technic. Only two inches of large and 2 inches of small intestine need be exposed or extracted, and local anesthesia usually is sufficient. Cecostomy is also performed under local anesthesia and a large rubber catheter is tied into the cecum.

The King's Last Illness

The country is shocked by the death of the king after a short illness. He attained the age of 70 last June and seemed to be in his usual health up to January 15, when he was out and rode on his pony. On the 16th he showed signs of mild bronchial catarrh and on the 17th a serious bulletin was issued by his physicians stating that while the catarrh was not severe there had appeared "signs of cardiac weakness which must be regarded with some disquiet." On the 18th the cardiac weakness and embarrassment of the circulation was slightly increased. On the 19th it was announced that in spite of a restless night he had maintained his strength. On the 20th the bulletin issued at 10:45 a. m. stated that he had had a more restful night but that there was no substantial change in his condition. At 5:30 p. m. "diminishing strength" and at 9:25 "the king's life is moving peacefully toward its close" were announced. He died at 11:55.

It was the cardiac weakness that proved fatal, and this was but a culmination of loss of cardiac reserve. In 1928 he had a serious illness—streptococcic septicemia with pleurisy, which terminated in empyema, requiring rib resection. He slowly recovered. It is suggested that this illness, which placed a heavy burden on the heart, may have had a casual relation to the last illness. It is said to be a remarkable achievement that he should have recovered from the septicemia and reigned for seven years through eventful times.

Physical Education in the Schools

A circular has been issued by the board of education to local authorities stating that physical education must have regard not only to the requirements of the school child but also to the wants of those leaving school, who will be no less in need of healthy exercise and games. There should be a daily period of organized physical activity in every school. For girls, dancing may on occasion be substituted for games or swimming. Taking the country as a whole, organized provision for the physical education of youth falls far short of the requirements, but any imitation of the centralized methods of some continental countries is considered altogether inappropriate. On grounds of general health there is a strong case for helping the unemployed to maintain and develop their physique. More gymnasiums are required if the physical education of young people, employed or unemployed, is to be developed as it should be.

The main directions in which our system of physical education calls for improvement are summarized as follows: 1. A more complete organization of physical education through the appointment in every area of an adequate number of competent full time or part time men and women organizers, who can advise teachers and help to develop the provision of physical activities. 2. A larger output of teachers competent to give gymnasium training; also an increase in the number of courses for teachers. 3. More thorough organization to enable young people no longer attending school to receive physical education.

The Fellowship of Medicine for Postgraduate Education

In an editorial the *Postgraduate Medical Journal* gives an interesting retrospect of the work of the Fellowship of Medicine. Until the beginning of the century, organized graduate teaching was almost nonexistent in this country. Since the early nineties, certain institutions in London, such as the West London Postgraduate College and the Medical Graduates College and Polyclinic, had been doing valuable work, but they could not make available more than a fraction of the rich and varied medical material of the metropolis. To remedy this the Postgraduate Medical Association was founded twenty-five years ago, mainly at the instigation of Osler. The war brought its activities to a standstill. Immediately after the armistice the presence of many colleagues from overseas, on their way home from the front, gave rise to the Fellowship of Medicine to facilitate "intercommunication in all subjects of professional interest" and the promotion "of mutual hospitality between fellows and with the dominions and overseas and foreign visitors." In 1919 this new organization was united with the Postgraduate Medical Association under the title of their conjoined names. But this title was too cumbrous and the first part was dropped, leaving only the title "Fellowship of Medicine." From small beginnings the Fellowship of Medicine has grown in influence. The number of students annually enrolled has risen from 100 in the years 1919-1923 to nearly 700 in 1935, of which nearly two-thirds are from the British Isles and one third from the British empire overseas.

The activities of the fellowship are directed by an executive committee, which is constantly receiving suggestions both from students and from teachers and is thus able to make the fullest use of the available facilities for the varying requirements. In the first days of the fellowship, interest was limited to the arranging of lectures and visits to the teaching hospitals. But in the teaching hospitals, i. e., the medical schools, preference must be given to the undergraduates. Therefore use was made of the enormous wealth of clinical material in the nonteaching hospitals, by enlisting the help of their physicians and surgeons and coordinating the hours of visits. As no other British center has such a profusion of special hospitals, these were turned to account. Thus it was possible to arrange special courses of instruction in diseases of the lungs, heart, skin, urology, proctology and diseases of children. The increased number of men who desire to take higher qualifications and who require advanced instruction for the examinations next engaged attention. For these courses of lectures, lecture-demonstrations, clinical meetings and finally tutorial classes were arranged, chiefly during the evenings, so that they could be attended by men engaged in practice during the day. The increased demand from the general practitioner for instruction and his inability to visit London frequently over a prolonged period led to the institution of short and intensive week end courses. Debates

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have also been held on topical subjects, such as tonsillectomy, medicine versus surgery in the treatment of peptic ulcer, and maternal mortality.

PARIS

(From Our Regular Correspondent)

Jan. 24, 1936.

A New Conception of Mumps

Polyneuritis following mumps is rather rare; hardly twenty cases have been reported. Drs. Lamache and Dutrey add four carefully investigated observations, which they presented before the Société médicale des hôpitaux. The first patient was a policeman, who had a complex neuritic syndrome, first located in the crural nerve and very painful, as a consequence of a primitive meningitis, the onset of which appeared five days before the mumps. The neuritis in its first stages went to make up the picture of the paresthesic meralgia of Roth and then extended to the lower limbs. The second case was a neuraxitis of the polyneuritic type, which occurred ten days after the parotitis. One case was a meningoradiculitis, very painful, which occurred three days before the onset of mumps. Another case occurred two days after the mumps, in the form of meningo-encephalitis with hemiparesis, in a child aged 7 years. These cases suggest to the authors the following comment: The first stage of the neurotic complications of parotiditis is as a rule a very painful neuralgia. The motor symptoms come later, most often as paresis. Every part of the nervous system may be related and often many parts at a time. The evolution is favorable. Do not those cases tend to confirm the recent conception, initiated by Bezançon and Philibert, that mumps is secondary to the meningo-encephalitic symptoms and the swelling of the parotid glands the consequence and not the cause of the ailment?

A Method of Embalming

In the *Revue de pathologie comparée*, Dr. S. Icard sets forth a simple and inexpensive technic for embalming, without any mutilation of the body. It can be applied to the provisional preservation of bodies for any purpose. The routine method, intravascular injections, does not comply with all conditions and can hardly be made by the general practitioner. Dr. Icard prefers to use solution of formaldehyde. The technic consists in keeping the corpse in close contact with the solution internally and externally. The formaldehyde is injected in the body cavities and in the principal organs; and the corpse is kept in a metallic coffin hermetically sealed, the atmosphere of which is saturated with formaldehyde vapor. The formaldehyde is injected directly in large amounts through the abdomen, in the right hypochondrium and the stomach and around the liver; a syringe introduced into the nostrils sends another stream into the esophagus. Then the lungs are injected by way of the thorax and trachea, and then the brain, by the ethmoid or the orbits. In all, two or three liters must be used for an adult corpse. The coffin must be double: lead or zinc for the interior, wood for the outside. It must be filled with sawdust, impregnated with 4 or 5 liters of solution of formaldehyde. If necessary one can, of course, substitute for the lid of the coffin a carefully fitted glass, which would permit the body to be viewed for an indefinite period.

Vaccination in France in 1934

As usual, a report was made to the Académie de médecine as to vaccination in the calendar year 1934. The results are fairly satisfactory, although in some instances the local authorities lacked means to enforce the law. Vaccination is compulsory at birth, in the tenth year and at 21, but women escape, generally speaking, this last obligation. In continental France, including Corsica, the total number of vaccinations and revaccinations was 1,394,446 in a population of 41,696,771 persons. The law includes penal provisions against refractory persons; but the mayors, who are in charge of enforcement, too often forgot it and do not deal severely. In one department only (Seine inférieure), more than 1,370 policemen's reports were drawn up, and the great majority of law-breakers were dealt with leniently. Only thirty-one were held culpable. The complications comprised only some general reactions after vaccination, some local reactions, including two adenitis, and two deaths.

BERLIN

(From Our Regular Correspondent)

Jan. 13, 1936.

The New Law Extends Professional Secrecy

Professional secrecy has been regarded at all times as one of the most important of a physician's obligations. It stands to reason that this fundamental proposition should find a place in the revised basic law of the medical profession. Heretofore it has been dealt with in the penal code, where it has been applied to solicitors, apothecaries and others as well as to physicians, and it has further been established by a number of criminal and professional decisions. In the recently promulgated German reichsaerzteordnung (reich physicians' ordinance) professional secrecy is removed from the general body of criminal law and formulated anew. According to the penal code, physicians and their assistants have been liable to a fine or to imprisonment for a period not to exceed three months on conviction of having divulged, without authorization, confidential secrets entrusted to them in virtue of their office, profession or trade. Now, according to the reichsaerzteordnung, a physician incurs the penalty of a fine or of imprisonment not to exceed one year or both, whenever he "reveals, without authorization, another person's secret entrusted or made known to him in the course of the practice of his profession." The definition has thus been extended. Heretofore the physician has been placed on a level with his assistants and others connected in some capacity with his professional activities. Medical students too were drawn into the question of medical professional secrets. Likewise a person was punished who, after the death of a physician, made known a secret that had been obtained through the laxity of the physician. Such secrets could be revealed only with the consent of the patient involved.

But the new aerzteordnung does not confine itself to the restatement of an old provision of the penal code; rather, for the first time, it formulates rules to govern the exceptional cases in which a violation of professional secrecy would be permissible: "The physician is not subject to penalty, if he reveals such secret in the course of fulfilling a lawful or moral duty, or if such revelation of the secret serves a sound, legitimate, public spirited purpose and when continued secrecy would do more harm than good." The principle is not fundamentally new that in cases in which professional secrecy serves to protect a criminal offense a physician is released from his obligation. While heretofore the law has been obscure on the matter of secret violation, as a matter of actual legal practice the conflicting duties of the physician and his right to violate professional confidences in certain cases have been equitably taken into account. For example: A physician treated a woman who had a contagious disease. This woman showed affection for the children of a neighbor. The physician deemed it necessary to warn this neighbor. Brought to trial for violation of professional secrecy, he was tactfully acquitted although contestable arguments were made in his behalf. This was more than thirty years ago. In another case, recently reported, a woman patient, while in a narcosis, revealed to a physician an old crime committed by her husband. For this crime an innocent man was serving time. It was indisputable that in such circumstances the physician could not simply keep silence. Now this sort of

thing receives sanction in the basic law. But the innovation goes further still; the obligation of secrecy is no longer the self-evident starting point of the problem. It ceases to be so the moment the law provides that secrecy may be annulled by circumstances involving a "legitimate, public spirited purpose," even where no moral duty is involved. For, as between the maintenance of secrecy and a consideration of public welfare the latter henceforth preponderates. Heretofore, because of a lack of legal precedents, little light has been shed on the latter subject. It may be possible, for example, for a physician to obtain, under seal of secrecy, knowledge of some unsolved crime. It is to be taken for granted that problems of this sort may, even under the new law, still be difficult of solution. Important as is the threatened equity, the inequity of a violation of secrecy may be equally serious, even more so. For in professional secrecy is rooted that confidence of the patient without which the physician cannot function.

The Condition of the Sick Insurance Societies

The latest figures on the condition of the sick insurance societies have just been made public. The average number of members of the state-regulated sick insurance societies (not including the so-called ersatzkassen [indemnification societies] which are of no substantial importance) amounted in the period from October 1934 to September 1935 to 18,500,000; namely, 1,700,000 (10.2 per cent) more than in 1933. The greatest relative increase was noted in industrial and trade guild sick insurance societies (23.6 and 18.7 per cent, respectively). The membership in the municipal insurance societies had increased around 8 per cent, that of the mine workers' sick insurance societies around 4.9 per cent and that of the rural sick insurance societies around 3.8 per cent. The number of persons incapacitated by illness stood at 7,300,000 from October 1934 to September 1935, against 6,100,000 in 1933; that is to say, about 20.7 per cent greater. For each 100 members there were, for the same periods compared, forty persons incapacitated by illness (1934 to 1935) against thirty-six (1933). This increase can probably be almost entirely attributed to the improvement in industry; the more the work is speeded up, the greater the demands on the body; this is particularly true when a certain number of newly employed workers are not accustomed to the exertion required.

Total expenditures of these insurance societies amounted from October 1934 to September 1935 to 1,245,400 reichsmarks; the intake for the same period grossed 1,181,400. The intake was up 14.6 per cent and the amount paid out 21.1 per cent as compared with the calendar year 1933. Instead of a surplus in excess of 2,700,000 reichsmarks, a deficit of 64,000,000 is shown, which, however, stands against unencumbered assets of 800,000,000. The expenditure calculated per member increased from 61.12 to 67.15 reichsmarks, or about 9.9 per cent. In terms of the particular types of sick care provided by the insurance societies (for members and their families) the disbursement increased as follows: medical treatment around 2.2 per cent, hospital care around 2.3 per cent, dental service 10.9 per cent, medicines and other therapeutic supplies 20.1 per cent. Any critical examination of these increases must take into consideration, however, that from 1929 to 1933 by far the smallest change took place in the cost of hospital care and by far the greatest in the cost of dental care. The amount expended on dental care was in 1933 around 7.6 per cent and from October 1934 to September 1935 around 19.14 per cent above that of 1929. The rate of increased expenditure for medicaments and hospital care for the dependents of members is greater than that for the members themselves, 32 per cent against 4.2 per cent. Of the remaining services, care in childbirth showed the greatest increase (around 35.8 per cent), owing to the increase in the number of births; but the payment of death claims has also considerably increased (around 17.6 per cent).

Intoxication in Traffic Accident Statistics

Greater attention is constantly being given to the part played by intoxication as a cause of accidents. Accident statistics for Bavaria covering the years 1930 to 1934 inclusive are available. The only differentiation made in this enumeration is between pedestrians and drivers of vehicles. According to official police records, intoxication as a cause of accidents was established in the number of cases given in table 1.

TABLE 1.—*Intoxication as a Cause of Accidents*

	Drivers	Pedestrians	Total
1930	646	170	816
1931	525	125	650
1932	495	106	601
1933	436	67	503
1934	750	113	863

Up to 1933 the number of intoxicated showed decided substantial decreases from one year to the next. Even in 1933, although an increase in cases of intoxication was feared on account of the greater volume of motor traffic, the decline continued further. Noteworthy therefore is the rise in 1934 in the number of drunken drivers (increase of 79 per cent) as well as in the number of pedestrians (increase of 68.7 per cent).

No less important is the ratio between the number of accidents due to drunkenness and the total number of accidents for

TABLE 2.—*Relation of Accidents Due to Drunkenness to the Total Number*

	Driver		Pedestrians		Total	
	Responsible, All Causes	Per Cent Intoxicated	Responsible, All Causes	Per Cent Intoxicated	Responsible for Accidents	Per Cent Intoxicated
1930	16,158	3.98	2,157	7.87	18,315	4.44
1931	14,057	3.73	1,775	6.91	15,832	4.1
1932	12,573	3.93	1,620	6.46	14,193	4.23
1933	11,676	3.72	707	8.48	12,383	4.6

which both drivers and pedestrians are responsible. As the number of drunken women involved is negligible, the figures in table 2, for the four years including 1933, represent only male offenders.

According to the figures, the number of guilty drivers and pedestrians decreased up through 1933, yet the relative proportion of intoxicated persons showed marked fluctuations and was higher for pedestrians than for drivers.

BELGIUM

(From Our Regular Correspondent)

Jan. 20, 1936.

The Brussels Medical Convention

Endocrinology was the subject discussed this year by the Brussels Medical Convention (Journées médicales de Bruxelles). The rôle of the glands of internal secretion in the pathogenesis of arterial hypertension was discussed by Mr. Maurice Roch, professor of the Geneva Faculty of Medicine. He stated that those glands the secretions of which are increased under the influence of an orthosympathetic excitation provoke hypertension, while glands that obey the parasympathetic exert a hypotensive influence. The internal secretions of the pancreas, antagonists of epinephrine, have a hypotensive effect. Insulin, interesting in this connection from a theoretical point of view, is hardly to be employed in practice. Testicular insufficiency would not of itself seem to cause hypertension. The same appears true of ovarian insufficiency. Thyroid hyperfunctioning produces a certain degree of hypertension. As for the suprarenals, their prominent rôle in producing crises of paroxysmal hypertension is well known. The hypophysis is interesting in several respects: (1) the posterior lobe that furnishes sub-

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stances acting on the smooth fibers is energetically hypertensive; (2) the adenoma of basophil cells in the anterior lobe, described by Cushing, produces a specific type of hypertension; (3) certain products secreted by the anterior lobe and which act on the thyroid, suprarenals and gonads may be the indirect cause of hypertensive crises. Little is known of the effects produced by the parathyroids, the liver and the kidneys; on the other hand, certain decomposition products of metabolism, such as choline and adenylic acid, are vasodilators and hypertensors. The production of these substances may perhaps explain the good reaction to muscular exercises observed in many persons with hypertension whose hearts are yet resistant.

Postencephalitic obesity was studied by Mr. René Cruchet, a professor at Bordeaux. One, two or even more years after the acute stages of epidemic encephalomyelitis, obesity frequently develops. This may be regarded as a sequela of the disease and, although stubborn, it usually moderates. Such forms of obesity may be reasonably related to certain states of emaciation following attacks of epidemic encephalitis. Both conditions are evidently due to hypophyseal disturbances.

Mr. N. Goormaghtigh, professor on the Ghent Faculty of Medicine, discussed the autonomic nervous system. In a histologic study he seeks to determine the importance of paraganglionic tissue. His paramount objective is to clarify an idea that is still a subject of controversy: the conveyance of humors to the synapses and nerve terminations of the sympathetic nervous system. It might be asked: Is not the liberation of sympathicotropic substances registered on the ganglions, the seat of the synapses, conditioned by a stimulation of attached paraganglions? It is interesting to note the integrity of the paraganglions and the maintenance of their histochemical character after sympathectomy and double adrenalectomy. The author calls attention to the existence in mice of paraganglions connected with the branches of the vagus that lead to the stomach and to the celiac plexus. These paraganglions are characterized by a more compact grouping of cells and by the absence of chromaffin. The sympathetic nervous system possesses centripetal fibers as well. There are two known vasosensory reflexogenic zones, the sinus caroticus and the arch of the aorta. These zones have a vascular connection with the glomus caroticum and the glomus of Penitschka, the latter of which is situated between the pulmonary artery and the arch of the aorta. Other zones recording the variations of local circulation are found distributed throughout the vascular system, such as Ruffini's corpuscles of the skin (Masson), the glomus coccygeum of Luschka, the neuromyarterial juxtaglomerular apparatus of the kidney and the coats of Weidenreich in the spleen.

Mr. L. Mayer, agrégé of the University of Brussels, who discussed clinical results from the use of ovarian grafts, based his remarks on eighty-eight bilateral ovariectomies with ovarian grafts. He states emphatically that the operation should be supplemented by autograft of healthy ovarian fragments. If the uterus also must be removed, it is preferable to limit the hysterectomy to the supra-isthmian portion and thus permit menstruation in at least some of the cases.

Mr. F. de Quervain, professor of clinical surgery at the Berne Medical Faculty, discussed surgery in malignant goiter, pointing out that the majority of malignant goiters develop in a benign goiter that has persisted. The author distinguishes between two types, both marked by a slow growth and attenuated malignancy—the proliferating adenoma and the papilloma. A third intermediary type, the hemangio-endothelioma, is more malignant than the first two. Finally, there is epithelioma and sarcoma. Whenever a benign goiter increases in size, especially from the fifth decade on, without apparent reason, that is to say, not following pregnancy or intracystic hemorrhage, malignancy should be suspected. The treatment comprises radical operation followed by irradiation with radium or x-rays. The results are survival of one third of the patients after three and even five years. The results obtained in the treatment of cancer proper and sarcomas continue to be misleading.

Mr. A. P. Dustin, professor at the Brussels Faculty of Medicine, defends the idea of the thymus as essentially a focus of nucleoprotein accumulations. The cells containing such accumulations are of an extreme lability, and they are therefore easily liberated, probably along with certain humoral substances, by the thymus. While absence of the thymus is extremely rare, a reduction in the volume of the gland may result from infection, alimentary insufficiency, fever, suppuration or prolonged fasting. In simple hypertrophy the subjects show retarded growth, signs of mild rachitis, dyspnea, chronic bronchitis, lack of vasomotor equilibrium and frequently glottic spasm, sometimes with serious and even fatal accidents. In thymic lymphatic hypertrophy the child appears bloated, obese, rachitic, and subject to mucocutaneous disorders (dermatoses, blepharites, rhinites, enterocolites and so on). Thymic enlargement takes place during the course of exophthalmic goiter. Although the pathogenesis of thymic hypertrophy is not well understood, it is known that the volume of the organ may be increased by a diet rich in nucleoproteins.

Rechlorination After Prostatectomy

Dr. Van Den Branden reported to the Belgian Urologic Society the remarkable results of his method of immediate rechlorination after prostatectomy by injection of a 20 per cent hypertonic solution of sodium chloride. The results may be summarized as follows: diuresis considerably increased, absence of postoperative shock, scarcely any postoperative azotemic pressure. The procedure will make anuria a rarity. This harmless prophylactic measure is therefore most emphatically indicated.

The Bunge Research Center

Thanks to the generosity of a wealthy citizen, Antwerp has possessed for the past year a center of medical and biologic research, the Bunge Institute (l'Institut Bunge). There is a diagnostic section and an experimental section where the most elaborate research can be pursued. It is under the direction of Mr. Van der Stricht, who first conceived its organization. Among his colleagues should be mentioned Prof. Ludo Van Bogaert in the field of pathologic anatomy and his brother in the field of physiology. The institute organizes lectures to which the physicians of Antwerp and vicinity are invited. In one of these lectures Mr. Nègre of the Pasteur Institute some months ago outlined his researches on tuberculosis. December 15, Prof. Georges Mouriquand of Lyons described his work in a lecture on "Clinical Avitaminoses."

Marriages

JAMES BROWN SHELTON to Miss Elizabeth Caroline McReynolds, both of Birmingham, Ala., Dec. 14, 1935.

MARVIN L. MCCLAIN, Scottsburg, Ind., to Miss Harriett Ford in Kankakee, Ill., Dec. 21, 1935.

HARRISON JOHNSTON SHULL to Miss Margaret Cavert, both of Nashville, Tenn., Dec. 28, 1935.

DEWITT HENDEE SMITH to Miss Mary Campbell Smith, both of New York, in December 1935.

THOMAS GREGORY DOUGHERTY to Miss Kathleen M. Brock, both of New York, February 22.

FURMAN YATES SORRELL to Miss Julia L. Little, both of Wadesboro, N. C., Dec. 3, 1935.

RUSSELL T. DRAPER, Uxbridge, Mass., to Miss Edith E. Tucker of Dedham recently

CLARENCE W. ROGERS, Rineyville, Ky., to Mrs. Malinda Raine of Vine Grove, January 16.

FLOYD W. SHAFER, Gilbert, Pa., to Miss Lucy J. Erwin of Bethlehem, February 19.

Deaths

William Bradbury McClure ● Evanston, Ill.; Johns Hopkins University School of Medicine, Baltimore, 1912; house officer, Harriet Lane Home for Invalid Children, Johns Hopkins Hospital, 1912-1913; assistant resident and resident physician Children's Memorial Hospital, Chicago, 1913-1915; instructor in pediatrics, State University of Iowa College of Medicine, Iowa City, 1915-1916; associate in pediatrics, Northwestern University Medical School, since 1930; attending pediatrician, Evanston Hospital, since 1918 and associate physician since 1930; attending physician to the Children's Memorial Hospital, Chicago, since 1920; fellow, at one time director, associate member, and member of the Otho S. A. Sprague Memorial Institute Laboratory for Research of the Children's Memorial Hospital; served during the World War; member of the American Pediatric Society and the American Academy of Pediatrics; contributed to pediatric textbooks and to the periodical literature; aged 51; died, February 13, of hypertensive cardiovascular disease and acute angina pectoris.

George Gellhorn ● St. Louis; Julius-Maximilians-Universität Medizinische Fakultät, Wurzburg, Bavaria, Germany, 1894; since 1932 professor of clinical obstetrics and gynecology, Washington University School of Medicine; professor and director of the department of gynecology and obstetrics, St. Louis University School of Medicine; member and past president of the American Gynecological Society; fellow of the American College of Surgeons; member of the Deutsche Gesellschaft für Gynaekologie; aged 65; on the staffs of the Barnard Free Skin and Cancer Hospital, City Hospital, Missouri Pacific Hospital, St. Louis Maternity Hospital, Barnes Hospital, Jewish Hospital and St. Luke's Hospital, where he died, January 25, of heart disease.

William Lawrence Clark ● Philadelphia; University of Pennsylvania Department of Medicine, Philadelphia, 1903; past president of the American Academy of Physical Therapy, American Physical Therapy Association and the American Congress of Physical Therapy; member of the American College of Radiology and the American Radium Society; formerly lecturer on electrotherapeutics, Jefferson Medical College; at various times on the staffs of the Jefferson, St. Agnes' and St. Mary's hospitals; formerly owner of a hospital bearing his name; author of numerous articles in literature, and contributor of chapters to "Keen's Surgery," "Da Costa's Surgery" and "Mock's Practice of Physical Medicine"; aged 59; died, January 12, of biliary infection.

James Fairchild Baldwin ● Columbus, Ohio; Jefferson Medical College of Philadelphia, 1874; professor of physiology and anatomy, Columbus Medical College, 1875-1882, professor of surgical gynecology and chancellor, Ohio Medical University, 1892-1899, and formerly professor of clinical surgery, Ohio State University College of Medicine; member and past president of the American Association of Obstetricians, Gynecologists and Abdominal Surgeons; past president of the Ohio State Medical Association; surgeon and chief of staff, Grant Hospital; author of "Operative Gynecology," 1898; aged 85; died, January 20, of carcinoma of the stomach.

William Johnson Taylor ● Philadelphia; University of Pennsylvania Department of Medicine, Philadelphia, 1882; member of the American Surgical Association; past president of the College of Physicians of Philadelphia and the Philadelphia Academy of Surgery; served during the World War; at one time professor of orthopedic surgery, Philadelphia Polyclinic; for many years attending surgeon to the Philadelphia Orthopedic Hospital and Infirmary for Nervous Diseases; on the staffs of St. Mary's, St. Agnes', Philadelphia General and the Woman's hospitals; aged 74; died, January 22, of bronchopneumonia.

Isaac Scott Stone, Washington, D. C.; University of Maryland School of Medicine, Baltimore, 1872; member of the Medical Society of the District of Columbia; a founder, vice president in 1905 and president in 1918 of the Southern Surgical Association; for many years professor of gynecology and abdominal surgery, Georgetown University School of Medicine; fellow of the American College of Surgeons; on the staff of the Columbia Hospital for Women; aged 84; died, Dec. 22, 1935, of cerebral thrombosis.

Jeffrey Charles Michael ● Houston, Texas; Tulane University of Louisiana Medical Department, New Orleans, 1909; chairman of the Section on Dermatology and Syphilology, American Medical Association, 1934-1935; member of the American Dermatological Association; formerly secretary of the Harris County Medical Society; served during the World War; on the staffs of the Jefferson Davis and Hermann hospitals; aged 47; died, January 21, as the result of a fall from a tenth story window.

Justus Ohage, St. Paul; University of Missouri School of Medicine, Columbia, 1880; member and past president of the Minnesota State Medical Association; past president of the Ramsey County Medical Society; at one time professor of clinical surgery, University of Minnesota Medical School, Minneapolis; Civil War veteran; health officer of St. Paul, 1899-1918; aged 86; died, Dec. 26, 1935.

Louis Fleming Fallon ● Augusta, Maine; University of Pennsylvania School of Medicine, Philadelphia, 1916; fellow of the American College of Surgeons; on the staffs of the Veterans Administration Facility, Gardiner (Me.) General Hospital, Sisters Hospital, Waterville, and the Augusta General Hospital; aged 44; died, January 8, of cerebral hemorrhage.

Thomas M. Blake, Double Springs, Ala.; University of Nashville (Tenn.) Medical Department, 1907; member of the Medical Association of the State of Alabama; past president of the Winston County Medical Society; formerly superintendent of education of Winston County; aged 63; died, Dec. 29, 1935, in a hospital at Jasper.

Edgar Klopp Conrad ● Hackensack, N. J.; Bellevue Hospital Medical College, New York, 1893; past president of the Bergen County Medical Society; on the staff of the Hackensack Hospital; aged 65; died, January 27, of carcinoma of the head of the pancreas with metastasis to the liver.

Jane Ketchum Wildrick Banes, Damascus, Pa.; Woman's Medical College of Pennsylvania, Philadelphia, 1909; member of the Medical Society of the State of Pennsylvania; on the staff of the Carbondale (Pa.) General Hospital; aged 59; died, January 5, of cardiovascular renal disease.

Erestus Talbot Hanley, Seattle; Rush Medical College, Chicago, 1905; member of the Washington State Medical Association; past president of the Western Branch of the American Public Health Association; aged 59; on the staff of the Providence Hospital, where he died, January 23.

Robert William Benner ● Tiffin, Ohio; University of Michigan Medical School, Ann Arbor, 1925; vice president and formerly secretary of the Seneca County Medical Society; on the staff of the Mercy Hospital; aged 37; died, January 4, of pneumonia following scarlet fever.

Earl Albert Linger ● Oconto, Wis.; Rush Medical College, Chicago, 1914; served during the World War; health officer of Oconto; on the staff of the Oconto City and County Hospital; aged 48; died, Dec. 22, 1935, in St. Vincent's Hospital, Green Bay, of pneumonia.

Marion Cicero McClain, Tate, Ga.; University of Georgia Medical Department, Augusta, 1887; member of the Medical Association of Georgia; aged 76; died, Dec. 25, 1935, of anuria in chronic nephritis and edema of the lungs.

Delzie Roy Lee ● Indianapolis; University of Louisville (Ky.) Medical Department, 1916; served during the World War; on the staffs of St. Vincent's and Methodist hospitals; aged 45; died suddenly, January 3, of coronary occlusion.

Louis Lorenzo Kelley, Okemos, Mich.; University of Michigan Department of Medicine and Surgery, Ann Arbor, 1875; formerly state senator; aged 86; died, Dec. 21, 1935, of hypostatic pneumonia.

Willard Rea Allison, Lafferty, Ohio; Western Pennsylvania Medical College, Pittsburgh, 1901; member of the Ohio State Medical Association; aged 62; died, January 9, of cerebral hemorrhage.

Max Charles Hawley ● Agnew, Calif.; Central College of Physicians and Surgeons, Indianapolis, 1904; on the staff of the Agnews State Hospital; aged 56; died, Dec. 28, 1935, of coronary thrombosis.

James Elias Dodson, South Pasadena, Calif.; University of Nashville Medical Department, 1885; aged 78; died, Dec. 16, 1935, in the Pasadena Hospital, of a hip fracture and pneumonia.

Szymon Szudrawski, Manistee, Mich.; University of Michigan Department of Medicine and Surgery, Ann Arbor, 1899; aged 69; died, Dec. 23, 1935, of carcinoma of the stomach.

Jerre C. McMahan, Los Angeles; Vanderbilt University School of Medicine, Nashville, Tenn., 1881; aged 85; died, Dec. 29, 1935, of cerebral hemorrhage and bronchopneumonia.

John Matson Stowell, San Francisco; College of Physicians and Surgeons of San Francisco, 1901; aged 73; died, Dec. 18, 1935, of hypertension, myocarditis, uremia and nephritis.

Oliver Perry Pisor, Monmouth, Calif.; Jefferson Medical College of Philadelphia, 1881; aged 82; died, Dec. 20, 1935, of coronary occlusion and arteriosclerosis.

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Correspondence

VITAMIN D AND PARATHYROID HYPERPLASIA

To the Editor:—In a recent article (THE JOURNAL, February 8, p. 427) Wilder and Howell discussed the relationship of vitamin D to parathyroid hyperplasia and concluded that the latter was compensatory. Quick and Hunsberger (THE JOURNAL, March 7, 1931, p. 745), who in their study of hyperparathyroidism likewise considered the relation of vitamin D to parathyroid hyperplasia, reached similar conclusions and presented as a possible explanation the hypothesis that the maintenance of the calcium level in the blood is under the dual control of vitamin D and the parathyroids, the former aiding in the absorption of calcium from the intestinal tract, the latter in mobilizing the element from osseous tissue, and that when a depletion in the supply of vitamin D occurs the entire burden of maintaining the normal concentration of serum calcium is thrown on the parathyroids. Under those conditions the organism responds by means of a physiologic hyperplasia of these glands. Quick and Hunsberger furthermore emphasized the value of administering large doses of vitamin D preoperatively to guard against postoperative tetany, a serious and frequent complication following the removal of a parathyroid adenoma. It appears that this suggestion has received relatively little attention. Nevertheless, the fact that it is based on sound experimental evidence, is exceedingly simple and entirely without harmful effect warrants that attention be again directed to it.

ARMAND J. QUICK, M.D., Milwaukee.

SPLANCHNIC NERVE SECTION IN JUVENILE DIABETES

To the Editor:—In THE JOURNAL, January 25, page 279, Dr. J. M. Rogoff reported the production of Addison's disease following adrenal denervation in a patient with diabetes. He pointed out the real danger of interfering with the blood supply of the cortex and also emphasized the fact that the sectioned nerves regenerate in a few weeks. This report, together with the editorial comment on it, no doubt will deeply impress the medical profession with the hazards of adrenal denervation.

The surgical procedure of adrenal denervation is frequently confused with splanchnic nerve section, an operation that is performed without any hazard to the blood supply of the cortex.

In several publications (*Arch. Surg.* **26**:750 [May] 1933; **30**:151 [Jan.] 1935; *Ann. Int. Med.* **7**:422 [Oct.] 1933; **7**:1201 [April] 1934; *Ann. Surg.* **102**:22 [July] 1935) my co-workers and I on the basis of experimental evidence and clinical observations stated that (1) splanchnic nerve section produces an identical change in carbohydrate metabolism with adrenal denervation; (2) the additional denervation of pancreas and liver may be an added advantage; (3) interference with the blood supply of the adrenal does not take place after splanchnic nerve section nor has a single clinical case or considerable experimental material shown any cortical insufficiency; (4) regeneration of the nerve fibers can be effectively prevented in the supradiaphragmatic approach by anastomosing the proximal end of the splanchnic nerve to an intercostal nerve.

Both objections to adrenal denervation, then, namely, interference with adrenal blood supply and early regeneration, can be met by splanchnic nerve section. Should one feel that this is not a complete denervation of the adrenal, the upper two lumbar sympathetic ganglions can be sectioned.

The third and most important criticism of this article is leveled against tampering with the adrenals in case of many unrelated conditions. Again one can most heartily agree with this view. In the case of severe, juvenile, insulin-resistant diabetes, however, my co-workers and I have accumulated sufficient data to justify splanchnic nerve section in carefully selected cases. This operation is done with the view of collecting data over a long period of time on patients whose disease hazard is not as small as some might believe. The low mortality statistics of Joslin, Wilder and Allen, and Priscilla White cannot be reproduced in the country at large. The actuarial statistics of the Metropolitan Life Insurance Company portray a sad picture of diabetes mortality. In an average of four individual statistics of diabetic mortality in different states of the United States and Canada, roughly one third of all patients who died of diabetes had never used any insulin and less than half of them ever tested their urine (*J. Kansas M. Soc.* **36**:177 [May] 1935). Thus in addition to other considerations a definite social and economic indication must be recognized in the selection of diabetic children for operation.

The object of this operation on juvenile diabetic patients is to slow down or inhibit excessive glycogenolysis. Not the adrenal gland but the liver is the center of the attack. Splanchnic nerve section produces increased glycogen storage and fixation and this is all we wish to accomplish with the operation.

We are continuing our experiments on the surgical treatment of juvenile diabetes. So far the postulate of the editorial that the therapeutic hazard should not exceed the disease hazard has not been overstepped.

GÉZA DE TAKÁTS, M.D., Chicago.

THE PRACTICAL FACTOR IN DRUG NIHILISM

To the Editor:—Dr. Norman A. David, in his article "The Recent Graduate and Drug Nihilism" (THE JOURNAL, February 1, p. 405), accuses the recent graduates of drug nihilism. The real cause, which he failed to mention, is the modern drug store with its glorified counter prescribers, especially in a small town where a druggist treats everything from cancer to venereal diseases. The doctors in these small communities are forced to dispense their own drugs; hence they deal with houses whose medicines are reliable and their composition known. Let us reform these unlicensed practitioners! Let us have more rigid laws! Why should we fatten the pocket-books of the druggists with our prescriptions? If the evil is destroyed then our young doctors, especially in the towns, will go back to the art of pharmacology and posology.

F. F. SCHWARTZ, M.D., Fairport Harbor, Ohio.

HEART BLOCK AND PREGNANCY

To the Editor:—In THE JOURNAL, February 15, page 532, in an article on heart block and pregnancy, by Mitchell Bernstein, the following statement is made: "It is interesting to note that a study of the literature up to Jan. 1, 1936, yielded only six recorded cases of complete heart block in which successful gestation had occurred." The six cases listed by the author were reported by Jeannin and Clerc, Clerc and Lévy, Laubry, Titus and Stevens, Dressler, and Herrmann and King.

For the sake of completeness may I add that three years ago I reported a case of complete heart block that was found in a pregnant woman (*Am. J. Obst. & Gynec.* **25**:125 [Jan.] 1933). As was done in Bernstein's case, I performed a cesarean section under local anesthesia and delivered a living child. The mother's recovery was uneventful. In my article I mentioned eleven previously reported cases of complete heart block associated with pregnancy. The first case of this kind was reported by Freund (*Ztschr. f. Geburtsh. u. Gynäk.* **30**:175, 1918). This patient, an octipara, died after having had a miscarriage. She also had had signs and symptoms of heart block during her seventh pregnancy. The second case was

reported by Walz (*Zentralbl. f. Gynäk.* **46**:1941, 1922). In this case pregnancy was uneventful and labor was easy and spontaneous. One of the two patients with complete heart block observed by McIllroy and Rendel (*J. Obst. & Gynaec. Brit. Emp.* **38**:7, 1931) went through two gestations, the second of which terminated in the delivery of twins. In the series of eleven cases of complete heart block complicating pregnancy that were reported in my article, there were two deaths (Freund and Herskovics).

J. P. Greenhill, M.D., Chicago.

Queries and Minor Notes

Anonymous Communications and queries on postal cards will not be noticed. Every letter must contain the writer's name and address, but these will be omitted, on request.

FELTON'S SERUM AND DIATHERMY IN PNEUMONIA

To the Editor:—1. Why isn't Felton's serum more generally used by the profession in the treatment of pneumonia? 2. Please give reference to the latest contribution on this subject. 3. Is it conceded that diathermy produces sequela, such as empyema, if used in the treatment of pneumonia? 4. Do you approve, when indicated, of the use of diathermy in pneumonia? Please do not sign name. M.D., New Jersey.

Answer.—1. Physicians who have the largest experience in the management of the pneumonias regularly use refined and concentrated serums in the treatment of those pneumonias for which serums are available. This statement is based on published reports from Bellevue Hospital (Cecil, R. L., and Plummer, Norman: Pneumococcus Type I Pneumonia, The Journal, Nov. 22, 1930, p. 1547) and Harlem Hospital (Bullowa, J. G. M.: Studies in the Serum Treatment of Pneumonia, *New York State J. Med.* **33**:13 [Jan. 1] 1933) of New York and from Massachusetts (Sutliff, W. D., and Finland, Maxwell: Type I Pneumococcus Infections, with Special Reference to Specific Serum Treatment, *New England J. Med.* **210**:237 [Feb. 1] 1934; Heffron, Roderick, and Anderson, G. W.: Two Years' Study of Lobar Pneumonia in Massachusetts, The Journal, Oct. 21, 1933, p. 1286) and Great Britain (Report of the Therapeutic Trials Committee of the Medical Research Council: The Serum Treatment of Lobar Pneumonia, *Lancet* **1**:290 [Feb. 10] 1934). Physicians with less experience and opportunity for observation of the pneumonias are more frequently using serum in the treatment of pneumonia whenever they have been educated to do so by such intensive campaigns as have been undertaken in Massachusetts and New York.

Physicians may refrain from the use of Felton's serum because of ignorance of its benefits, fear of untoward serum reactions, or mistaken motives of economy. Modern methods for differentiating and studying the pneumonias have changed the point of view concerning their treatment. Stress is now placed on specific treatment and prevention and cure of bacteremia, which is present in most fatal cases. Serum treatment requires knowledge and skill comparable to those necessary for surgical procedures. The prompt dramatic termination of the disease is a gratifying reward for effort. Physicians with little experience are prone to expect that their particular patient will not have a blood invasion and will recover without serum by crisis on the eighth day. The ordinary death rate in adults from type I pneumonias ranges from 20 to 40 per cent. The death rate from pneumonia in children between the second and twelfth year is much smaller than in infants and adults. In a large hospital 120 consecutive adult type I pneumonias were treated with serum, with ten deaths, 8.3 per cent. No patients succumbed who had been treated before the sixth day.

Immediate serum reactions are infrequent and with some lots they do not occur. Serum sickness of varying severity occurred in 13 per cent of 500 cases of type I pneumonia. Ophthalmic and skin tests for sensitivity should be made before giving serum.

To a certain extent the amount of serum required depends on the earliness of administration. The cost for serum is frequently no more than the expense for operating room and dressings for patients suffering from appendicitis. Against the cost of the serum should be offset the reduced cost of nursing and of oxygen therapy, the shorter convalescence, the more rapid return to work, and the less frequent occurrence of complications. The value of the lives saved may be estimated from the tables in Dublin's "The Money Value of a Man" (Ronald Press Company, 1930). Massachusetts, Connecticut, Maine and New York supply serum for type I, as do the cities of New York and Detroit. All except New York State supply serum also for type II cases. Detroit supplies serum for type VII, and New York supplies serum for type VII and a number of other types. Bullowa and Mayer (Hazards of the Induction of Pneumothorax, The Journal, July 20, 1935, p. 191) encountered no cases of empyema in fifty-three type I cases treated with serum within the first two days.

2. An excellent paper presenting the advantages of the treatment of pneumonia with serum was contributed by William P. Belk (The Specific Treatment of Lobar Pneumonia, The Journal, Sept. 14, 1935, p. 868).

3. It is improbable that empyema can be attributed to the use of diathermy. Empyema in pneumonia is the result of a very severe pleuritic invasion and frequently is associated with bacteremia.

4. John S. Coulter, in a recent review on medical diathermy (The Journal, January 18, p. 209), says: "In the management of pneumonia, medical diathermy does seem to be of definite benefit in reducing the severity of the thoracic pain. It is not an accepted specific treatment in lobar pneumonia."

While oxygen is being administered diathermy should not be employed, because ignition of the bedclothes may occur from small sparks in the presence of oxygen-enriched air. In the management of pneumonia it is important to relieve anoxemia.

SYPHILIS IN PREGNANCY

To the Editor:—A woman, aged 27, developed a sore on her lower lip in July 1929 while engaged to a supposedly healthy young man. This sore was treated unsuccessfully for some weeks until finally a Wassermann test was taken and it came back strongly positive. In August 1929 she was given a series of twenty intravenous injections of arsphenamine, two injections a week. The dosage is not known. In February 1930 she received a course of forty intravenous injections, one week apart. In June 1931 and in January 1932 she was given another series of twenty injections of arsphenamine, again one week apart. This makes a total of 100 injections (intravenous) from August 1929 to May 1932, all being arsphenamine according to the patient's story. Several different doctors gave these treatments, in various cities, the patient only recently coming under my care. She is sure that she has had no medication by mouth and no intramuscular injections and says that she had one course of mercury inunction sometime during this period. A Wassermann test in June 1932 was negative and one taken in February 1935 and sent to two laboratories came back negative from both. The question that now arises is this: She is now two months pregnant and wants to know what the chances are of having a healthy child. She suffered so much both from intravenous injections and from the reactions after each injection, which made her feel miserable for twenty-four hours or more after each one, that she flatly refuses any more intravenous therapy and insists that she would rather run the risks of an abortion than have any more injections. She might be persuaded to have some bismuth intramuscularly if this would assure her a healthy child. For herself alone she would rather take the chances of future trouble than have any more injections of any kind. The points I should appreciate your opinion on are these: 1. The chances of her having a healthy child on no more treatment. 2. If these are absolutely essential, how much and what preparation would you recommend, other than intravenous, as this she refuses even to consider. 3. What are the chances of her developing some form of tertiary lesions if she takes no more treatment? (She also refuses lumbar puncture because of an unfortunate experience.) 4. Is it necessary for her to have some heavy metals now, and if so what and how much? 5. Would prolonged medication by mouth of a mixture of iodides and mercury be of any real value? Except for being rather nervous and very worried as to what course to pursue, the patient seems to be in excellent physical condition, her heart, blood pressure and so on all being apparently normal. I will appreciate any information you may be able to give me. Should you care to print this in any form will you kindly omit my name. M.D., Pennsylvania.

Answer.—The answer to this inquiry is based on the results reported in Cooperative Clinical Studies in the Treatment of Syphilis, Syphilis in Pregnancy (Reprint 46, *Venereal Disease Information*, U. S. Public Health Service).

A syphilitic mother should be given early and adequate treatment throughout every pregnancy, whether her Wassermann reaction is positive or negative. This statement may be augmented by saying that treatment received previous to conception is not an assurance that a nonsyphilitic child will ensue. Likewise all pregnant syphilitic women should receive treatment throughout the pregnancy; the earlier in the pregnancy that the treatment is started, the higher is the incidence of nonsyphilitic children. When treatment was started before the fifth month of pregnancy and consisted of not less than ten injections of an arsphenamine and ten injections of a heavy metal, 91 per cent of the children born were nonsyphilitic.

1. Sixty-two per cent of the syphilitic pregnant mothers with negative Wassermann reactions who were treated previously but not during this pregnancy gave birth to normal children.

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Accordingly, if the patient in the case cited is not treated, there is a 38 per cent chance that she will have a syphilitic child.

2. Arsphenamine and a heavy metal, preferably a preparation of bismuth, should be given in alternation, with a minimum of ten injections, and preferably more, of each. One of the preparations of arsphenamine for intramuscular use, such as bismuth arsphenamine sulfonate or sulfarsphenamine, might be tried.

3. About 4 per cent of the cases adequately treated during pregnancy showed clinical progression subsequently.

4. The average pregnant syphilitic woman tolerates the arsenicals more satisfactorily than she does the heavy metals. Kidney complications were quite common from the heavy metals. Intramuscular injections of a bismuth compound in small doses every five days might be well tolerated. If a heavy metal is used, weekly urine examinations should be made.

5. Medication by mouth has no place in the treatment of a pregnant syphilitic woman.

HEAT AND POSTURE IN ARTERIAL HYPERTENSION

To the Editor:—Where can I obtain information referred to by Dr. Irving Cutter in his syndicated article on reduction of blood pressure by heat applied to the extremities? The same author refers to variations in pressure according to posture.

F. BRITTON LARGDON, M.D., Des Moines, Iowa.

ANSWER.—The origin of the quotation in the article by Dr. Irving Cutter was a report by R. F. Fox appearing in the *Lancet* (1:984 [April 27] 1935). It has been repeatedly reported that external heat, in the form of hot baths or otherwise, causes a reduction of the arterial tension through the induction of active cutaneous hyperemia. This is the converse of the reaction of the arterial tension to cold. Exposure of one extremity to cold (ice water) has been employed (Hines, E. A., Jr., and Brown, G. E.: *Ann. Int. Med.* 7:209 [Aug.] 1932, and others) to determine the vasomotor lability. It is asserted that after a single hot bath the systolic tension falls as much as 15 mm. and remains reduced for from two to six hours. Reduction of the diastolic tension is less notable and less persistent. In the management of hypertensive arterial disease such hydrotherapy is an adjunct to rest and to the leisurely existence at spas. The increased fluid intake encouraged at such watering places also is of value.

Variations in arterial tension due to changes in posture are of minor importance except in certain instances of postural hypotension. In these patients there is a failure of the normal control of the arterial tension when they quickly change from the horizontal to the vertical position. Normally such change in posture is associated with a compensatory rise in the arterial tension to overcome the hydrostatic pressure of the column of blood to the head. Symptoms of cerebral anemia appear when the patient is vertical. Syncope, presyncope, vertigo or tinnitus frequently occurs soon after the erect position is assumed (Ganshorn, J. A., and Horton, B. T.: *Proc. Staff Meet., Mayo Clin.* 9:541 [Sept. 12] 1934).

FREQUENCY OF URINATION WITH ENLARGED PROSTATE

To the Editor:—I am 61 years old, weigh 222 pounds (101 Kg.) and am 5 feet 11 inches (180 cm.) in height. I had a tonsillectomy ten or twelve years ago for arthritis, with complete relief. The arthritis returned two years ago and was again relieved by the extraction of an abscessed tooth. Except for a good many attacks of influenza and a gastroduodenal inflammation nearly thirty years ago, my health has been in the main good. But for the past twelve or fifteen years I have been annoyed by polyuria, both nocturnal and diurnal. Urinalysis has never shown anything abnormal. It interferes so much with sleep at night that it has become a nuisance. There is some prostatic enlargement, but the last test showed no residual urine. The polyuria is worse in winter than in summer, as I perspire very freely in hot weather. I have always drunk a good deal of milk but not much water except in hot weather. I have tried solution of posterior pituitary and ergotamine with no results. Can you suggest something to better this annoying condition? Please do not publish name.

M.D., Virginia.

ANSWER.—Frequency of urination at night in a patient aged 61, in whom there is some prostatic enlargement, can best be explained on the basis of the prostatic enlargement, in spite of the fact that the patient does not show residual urine. In a certain number of patients who suffer from prostatic obstruction the symptoms are marked and residual urine is often absent. In other words, it is not necessary in every patient with prostatic obstruction to have residual urine.

Polyuria, as a general proposition, is worse in winter than in summer. On the other hand, polyuria at this time of life may be due to conditions other than prostatic enlargement; for instance, it may be due to stone in the bladder, stone or stones in the prostate, diabetes or nephritis. Therefore, the patient should have a complete physical examination and if this is negative he should be examined with the cystoscope and the resectoscope, and if this shows, as it probably will, intravesical or intra-urethral enlargement, the patient should consider having the obstruction removed by transurethral electroresection.

Drugs, such as solution of posterior pituitary and ergotamine, will not help much if the trouble is due to the conditions mentioned.

HEREDITARY SYPHILIS

To the Editor:—In a family in which three or four children have hereditary syphilis, the condition was discovered several years ago and Wassermann tests were all positive; likewise the blood Wassermann reaction of the mother was positive. The history of infection before her marriage was then elicited. The condition was suspected in the children because of keratitis. They have all had two or more courses of antisyphilitic treatment but of course still have positive Wassermann reactions. There are no demonstrable lesions of any kind. These children have been permitted to attend public school but recently a local doctor has registered strenuous objections to the children remaining in school because of the danger of infecting others. He has gone so far as to threaten to withdraw his own children from school if these children are permitted to attend. The question was brought to me as city school physician whether these children could infect others and whether or not they should continue in school. My opinion is that they are not a menace and cannot transmit the disease. Because of the situation that has arisen, however, they have been withdrawn from school pending investigation to determine whether or not they might be infective. It seems a pity that these children should be further handicapped by being denied the advantages of some education. Before I make a definite recommendation, I want to be reasonably sure that I am doing the right thing. If you are in possession of any information that will be a guide in this case, or if you can procure such information or direct me to reliable sources for this information, I will greatly appreciate it.

M.D., Utah.

ANSWER.—The decision that these children are not infectious is justifiable. The fact that they are of school age indicates that they are old enough to have the tardive type of congenital syphilis, which is noninfectious in practically all cases. After even a moderate amount of treatment the possibility of a tardive syphilitic person being able to transmit the disease is eliminated for all practical purposes. It is the practice in most pediatric hospitals to place most children with this type of syphilis in general wards and to permit them to intermingle with other patients there. It would seem unfair to take away from these children the opportunity for an education when there is not justification from past experience that they would in any way endanger the other children with whom they came in contact at school.

ADAMS-STOKES DISEASE

To the Editor:—A woman, aged 57, has experienced several syncopal attacks during the past year. The blood pressure is 240 systolic, 90 diastolic. The pulse rate is 36. There is moderate arteriosclerosis. The urine shows a trace of albumin and an occasional pus cell. The remainder of the physical examination reveals nothing significant. I have made a diagnosis of Adams-Stokes disease. What procedure should I follow in treating her? Would you advise the use of barium chloride or atropine in the face of the systolic reading?

M.D., North Carolina.

ANSWER.—The diagnosis probably is quite correct. This could be conclusively proved by observation during the attack of syncope. In typical Adams-Stokes disease the syncopal period is associated with a total absence of systolic sounds (soft muffled auricular beats may occasionally be heard). Electrocardiographic evidence of ventricular standstill is corroborative proof. Syncopal attacks of vagus origin, which may simulate Adams-Stokes disease, are usually brief and occur more frequently in younger persons; the symptoms can be induced by pressure on the carotid sheath.

Of great interest is the enormous pulse pressure. This in itself is indicative of chronic heart block, for the systolic pressure is quickly but persistently increased in hypertensive arterial disease on the occurrence of heart block. The exact mechanism of this phenomenon is uncertain.

The use of atropine (0.001 Gm.) or tincture of belladonna (1 cc.) is not contraindicated by the systolic hypertension. It is essential to depress, so far as possible, the vagal effects, which may enhance the bradycardia. Atropine may be wisely administered to the point of tolerance. Barium chloride is used for the purpose of stimulating the ventricular pacemaker, and its use is justified. Ephedrine hydrochloride and/or epinephrine have also been so employed, but their notable vasoconstrictor activity strongly contraindicates their use.

More logically employed are vasodilators, which may aid in improving the coronary circulation. The presence of arteriosclerosis is not a coincidence, for the interference with the conduction of the cardiac impulses is unquestionably due to

myocardosis secondary to impairment of the coronary circulation and hypertensive arterial disease. Reduction of the cardiac burden by reducing the peripheral resistance to the circulation through systemic reduction of the arterial tension should serve to aid the handicapped myocardium. Such vasodilators include aminophylline, soluble nitrite, the alkyl nitrates and bismuth subnitrate. If aminophylline is well tolerated (gastric irritation is best avoided by solution of the tablet before administration) it may prove of considerable value. The soluble nitrites or the alkyl nitrates are best employed in very small doses at frequent intervals, for their effects are only transient and tolerance may be acquired. Bismuth subnitrate may be administered in doses of 0.6 Gm. three times a day for many weeks as a prophylactic arterial sedative, which often diminishes the frequency and severity of anginal attacks. Adams-Stokes disease is in many essentials a form of angina pectoris.

The ultimate prognosis is precarious. Death may occur in acute syncope from ventricular standstill or with intense cardiac pain from further interference with the coronary circulation. Death by congestive cardiac failure is exceptional in Adams-Stokes disease. Activity should be minimal and attention to nutrition, anemia and general physical health not neglected.

DIPHTHERIA ANTITOXIN BEFORE POSITIVE CULTURE

To the Editor:—I was called to see a patient, aged 14, suffering from sore throat, difficult breathing, respiration 32 to 45 per minute, temperature 103 F., general prostration, and pulse rate 140-160, weak and thready. Physical examination revealed an extensive dirty white pseudomembrane over the tonsils, uvula and nasopharynx. The lungs were negative for pneumonia. The abdomen was normal. The patient presented clinical symptoms and signs of diphtheria; however, as there was no other case of diphtheria in the community I gave digitalis, one-half grain (0.03 Gm.) of codeine sulfate, 5 grains (0.3 Gm.) of sal ethyl carbonate and a hexylresorcinol gargle. Within a few hours I was again called and found the patient worse. This time I gave 40,000 units of diphtheria antitoxin. The patient began to improve, the membrane disappeared and the patient recovered with no ill effects. My pay is being refused because I did not get a report from the state laboratory before giving the antitoxin. I am 250 miles from the state laboratory and my practice is in the woods. I maintain that to have waited would have placed the patient's life in jeopardy, and if the patient had not died would have had impaired heart, nephritis, and so on. Was it proper for me to give diphtheria antitoxin immediately or should I have waited from thirty-six to forty-eight hours for a laboratory report? I was formerly resident physician at Sydenham Hospital for Contagious and Infectious Diseases and while there saw many deaths due to delay in giving diphtheria antitoxin before patients came to the hospital. Please omit name.

M.D., Wisconsin.

ANSWER.—The physician should be commended for prompt administration of diphtheria antitoxin. Ordinarily the laboratory should be relied on only to confirm the clinical diagnosis. It is unfortunate that such valuable service was not appreciated.

HYPERTHERMIA IN PARALYSIS AGITANS

To the Editor:—I have been appealed to by a former patient as to the advisability of taking the hyperthermia treatment for Parkinson's disease. Having observed the results in a few cases of infectious origin, I refrained from speaking my mind until I could consult an unbiased authority; hence this letter to you. This is an advanced case of Parkinson's disease and I felt that a prolonged maintenance of a high body temperature could only do harm. The operator asks $100 for eight treatments of five hours' duration each. Whether this is the chief therapeutic indication, I am unable to say. Please reply as promptly as possible.

M.D., Illinois.

ANSWER.—No logical reason for the use of fever therapy in Parkinson's syndrome has yet been presented in the medical literature. No carefully controlled clinical study in a large group of cases has yet been set forth.

In the letter of inquiry it is not stated whether the advanced Parkinson's syndrome is senile or postencephalitic.

W. H. Schmidt, an exponent of fever therapy in the treatment of Parkinson's syndrome, has merely recommended it in the postencephalitic type (Fever Therapy and Other Recent Developments in Physical Therapy, *New England J. Med.* **209**:419 [Aug. 31] 1933). There is apparently no particular reason to use it in the senile type; in fact, it may be quite dangerous to use fever therapy for an aged individual. The Council on Physical Therapy has pointed out that, in the administration of hyperpyrexia produced by physical agents, "advanced age (with a few exceptions 60 years may be taken as an arbitrary limit)" should be regarded as an "absolute" contraindication (Hyperpyrexia Produced by Physicial Agents, THE JOURNAL, Oct. 27, 1934, p. 1308).

In the postencephalitic group, Schmidt's statement that "we have also treated a number of cases of postencephalitis showing the parkinsonian syndrome with marked improvement in quite a few" is so vague that it can carry little weight. In at least one clinic careful studies in four cases have revealed no significant beneficial effects when fever treatments were given.

Until a satisfactory series of controlled clinical studies in at least 100 cases is presented in the literature, either to confirm or to refute the statement of Schmidt, no final conclusion can be drawn.

In the meantime it would probably be best to heed the statement of David Riesman that "fever therapy in the form of diathermy or malarial or bacterial injections seems to produce no permanent benefit. It may even do harm" (Encephalitis Lethargica, *Ann. Surg.* **101**:303 [Jan.] 1935).

INSTRUMENTS FOR MASSAGE OF PROSTATE

To the Editor:—In the issue of Dec. 21, 1935, in the answer to the query on emptying seminal vesicles, an instrument was mentioned to be attached to the index finger for massage of the prostate and vesicles. Will you please let me know the name of the concern making the instrument? My index finger is rather short and I have difficulty reaching the upper borders of the vesicles.

B. W. W., M.D., New York.

ANSWER.—There are two such instruments: 1. Eastman Masseur, made by the Eastman Company, Indianapolis. This is a long hollow tube with a curved knob at the tip. The finger fits snugly into the lower end. There are two slits along the sides at the base to allow for different size fingers. 2. The Leusman, which consists of a long curved hollow metal tube that fits the finger. There is a handle attached to the open end which fits into the palm of the hand and allows for a grip on the instrument. This instrument is not available.

DEFICIENCY OF BEARD

To the Editor:—What will stimulate the growth of a beard in a man, aged 23, otherwise normal? Please omit name.

M.D., Wisconsin.

ANSWER.—The absence of hair growth in the beard in a man of 23 usually has some endocrine basis. These cases often show other evidences of endocrine deficiencies, such as sparsity of hair in the axilla and pubic area, underdeveloped genitalia and voice changes.

There should be a basal metabolic determination for thyroid deficiency. If there is any present, thyroid may be given, or it may be given empirically. While anterior pituitary substance by mouth or injection may be used, its value in the promotion of hair growth is questionable.

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Council on Medical Education and Hospitals

ADDITIONAL HOSPITALS APPROVED

The Council on Medical Education and Hospitals of the American Medical Association has given its approval to the following hospitals since the publication of the last previous list in THE JOURNAL, Dec. 28, 1935:

Hospitals Approved for Intern Training

Homoeopathic Hospital, Wilmington, Del.
Henrotin Hospital, Chicago.
Rex Hospital, Raleigh, N. C.
Fitzgerald-Mercy Hospital, Darby, Pa.
Homeopathic Medical and Surgical Hospital, Reading, Pa.
St. Mary's Hospital, Superior, Wis.

Hospitals Approved for Residencies in Specialties

Grady Hospital (White Unit), Atlanta, Ga. Medicine, obstetrics-gynecology, ophthalmology-otolaryngology and surgery.
Wesley Memorial Hospital, Chicago. Medicine and surgery.
Free Hospital for Women, Brookline, Mass. Gynecology.
State Hospital No. 4, Farmington, Mo. Psychiatry.
City Memorial Hospital, Winston-Salem, N. C. Medicine and surgery.
Toledo State Hospital, Toledo, Ohio. Psychiatry.
St. Elizabeth's Hospital, Youngstown, Ohio. Medicine and surgery.
Children's Hospital, Chattanooga, Tenn. Pediatrics.
Chesapeake and Ohio Railway Hospital, Clifton Forge, Va. Mixed.

Hospitals Approved for Additional Residencies

Gallinger Municipal Hospital, Washington, D. C. Urology.
Hurley Hospital, Flint, Mich. Surgery.
Kings County Hospital, Brooklyn. Neurology.
Millard Fillmore Hospital, Buffalo. Obstetrics.
Bellevue Hospital, New York City. Anesthesia.
Charity Hospital, Cleveland. Pathology.
Starling-Loving University Hospital, Columbus, Ohio. Gynecology.
St. Francis Hospital, Pittsburgh. Obstetrics-gynecology.
Roper Hospital, Charleston, S. C. Radiology.

Medical Examinations and Licensure

COMING EXAMINATIONS

STATE AND TERRITORIAL BOARDS

ARIZONA: *Basic Science.* Tucson, March 17. Sec., Dr. Robert L. Nugent, Science Hall, University of Arizona, Tucson. *Medical.* Phoenix, April 7-8. Sec., Dr. J. H. Patterson, 826 Security Bldg., Phoenix.

CALIFORNIA: Los Angeles, March 9-12. *Reciprocity.* Los Angeles, March 18. Sec., Dr. Charles B. Pinkham, 420 State Office Bldg., Sacramento.

COLORADO: Denver, April 7. Sec., Dr. Harvey W. Snyder, 422 State Office Bldg., Denver.

CONNECTICUT: *Regular.* Hartford, March 10-11. *Endorsement.* Hartford, March 24. Sec., Dr. Thomas P. Murdock, 147 W. Main St., Meriden. *Homeopathic.* Derby, March 10. Sec., Dr. J. H. Evans, 1488 Chapel St., New Haven.

IDAHO: Boise, April 7. Commissioner of Law Enforcement, Hon. Emmett Pfost, 205 State House, Boise.

ILLINOIS: Chicago, April 7-9. Superintendent of Registration, Department of Registration and Education, Mr. Homer J. Byrd, Springfield.

IOWA. *Basic Science.* Des Moines, April 14. Sec., Prof. Edward A. Benbrook, Iowa State College, Ames.

MAINE: Portland, March 10-11. Sec., Board of Registration of Medicine, Dr. Adam P. Leighton, 192 State St., Portland.

MASSACHUSETTS: Boston, March 10-12. Sec., Board of Registration in Medicine, Dr. Stephen Rushmore, 413 State House, Boston.

MINNESOTA: *Basic Science.* Minneapolis, April 7-8. Sec., Dr. J. Charnley McKinley, 126 Millard Hall, University of Minnesota, Minneapolis. *Medical.* Minneapolis, April 21-23. Sec., Dr. Julian F. Du Bois, 330 St. Peter St., St. Paul.

MONTANA: Helena, April 7. Sec., Dr. S. A. Cooney, 7 W. 6th Ave., Helena.

NEW HAMPSHIRE: Concord, March 12-13. Sec., Board of Registration in Medicine, Dr. Charles Duncan, State House, Concord.

NEW MEXICO: Santa Fe, April 13-14. Sec., Dr. E. LeGrand Ward, Santa Fe.

OREGON: *Basic Science.* Portland, March 21. Sec., Mr. Charles D. Byrne, University of Oregon, Eugene.

RHODE ISLAND: Providence, April 2-3. Chief, Division of Examiners, Mr. Robert D. Wholey, 366 State Office Bldg., Providence.

WEST VIRGINIA: Charleston, March 16. State Health Commissioner, Dr. Arthur E. McClue, Charleston.

WISCONSIN: *Basic Science.* Madison, April 4. Sec., Prof. Robert N. Bauer, 3414 W. Wisconsin Ave., Milwaukee.

NATIONAL BOARD OF MEDICAL EXAMINERS

NATIONAL BOARD OF MEDICAL EXAMINERS. *Parts I and II.* May 6-8, June 22-24, and Sept. 14-16. Ex. Sec., Mr. Everett S. Elwood, 225 S. 15th St., Philadelphia.

SPECIAL BOARDS

AMERICAN BOARD OF DERMATOLOGY AND SYPHILOGOLOGY: *Written examination for Group B applicants* will be held in various cities throughout the country, March 14. *Oral examination for Group A and B applicants* will be held in Kansas City, Mo., May 11-12. Sec., Dr. C. Guy Lane, 416 Marlboro St., Boston.

AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY: Written examination and review of case histories of Group B applicants will be held in various cities of the United States and Canada, March 28. Oral, clinical and pathological examination of all candidates will be held in Kansas City, Mo., May 11-12. *Applications for the May examination must be received not later than April 1.* Sec., Dr. Paul Titus, 1015 Highland Bldg., Pittsburgh (6).

AMERICAN BOARD OF OPHTHALMOLOGY: Kansas City, Mo., May 11 and New York, Sept. 26. *All applications and case reports must be filed sixty days before date of examination.* Asst. Sec., Dr. Thomas D. Allen, 122 S. Michigan Ave., Chicago.

AMERICAN BOARD OF ORTHOPAEDIC SURGERY: Kansas City, Mo., May 11. *Applications should be filed with the secretary on or before April 1.* Sec., Dr. Fremont A. Chandler, 180 N. Michigan Ave., Chicago.

AMERICAN BOARD OF OTOLARYNGOLOGY: Kansas City, Mo., May 9. Sec., Dr. W. P. Wherry, 1500 Medical Arts Bldg., Omaha.

AMERICAN BOARD OF PEDIATRICS: Kansas City, Mo., May 9. Sec., Dr. C. A. Aldrich, 723 Elm St., Winnetka, Ill.

AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY: St. Louis, Mo., May 8-9. Sec., Dr. Walter Freeman, 1028 Connecticut Ave., Washington, D. C.

AMERICAN BOARD OF RADIOLOGY: Kansas City, Mo., May 8-10. Sec., Dr. B. R. Kirklin, Mayo Clinic, Rochester, Minn.

AMERICAN BOARD OF UROLOGY: Kansas City, Mo., May 8-10. Sec., Dr. Gilbert J. Thomas, 1009 Nicollet Ave., Minneapolis.

Arkansas November Examination

Dr. A. S. Buchanan, secretary, State Medical Board of the Arkansas Medical Society, reports the written examination held in Little Rock, Nov. 12-13, 1935. The examination covered 12 subjects and included 120 questions. An average of 75 per cent was required to pass. Two candidates were examined, both of whom passed. The following school was represented:

School	PASSED	Year Grad.	Per Cent
Tulane University of Louisiana School of Medicine		(1935)	87.5, 88.7

Nine physicians were licensed by reciprocity and 1 physician was licensed by endorsement from May 20 through October 21. The following schools were represented:

School	LICENSED BY RECIPROCITY	Year Grad.	Reciprocity with
Northwestern University Medical School		(1934)	Illinois
Kansas City Medical College, Missouri		(1892)	Kansas
Memphis Hospital Medical College		(1909)	Tennessee
Univ. of Tennessee Col. of Med. (1928),(1932),(1933),(1934)			Tennessee
Vanderbilt University School of Medicine		(1931)	Tennessee
Baylor University College of Medicine		(1931)	Texas

School	LICENSED BY ENDORSEMENT	Year Grad.	Endorsement of
Tulane University of Louisiana School of Medicine		(1931)	N. B. M. Ex.

Nebraska November Examination

Mrs. Clark Perkins, director, Bureau of Examining Boards, reports the written examination held in Lincoln, Nov. 19-20, 1935. The examination covered 10 subjects and included 87 questions. An average of 75 per cent was required to pass. Two candidates were examined, both of whom passed. The following school was represented:

School	PASSED	Year Grad.
Creighton University School of Medicine		(1934, 2)

Six physicians were licensed by reciprocity from July 29 through October 17. The following schools were represented:

School	LICENSED BY RECIPROCITY	Year Grad.	Reciprocity with
Rush Medical College		(1934)	Indiana
Creighton University School of Medicine		(1932)	New Jersey
Western Reserve University School of Medicine		(1932)	Ohio
Jefferson Medical College of Philadelphia		(1930)	Michigan
University of Pennsylvania School of Medicine		(1927)	Penna.
University of Texas School of Medicine		(1931)	Texas

Book Notices

Diet and Physical Efficiency: The Influence of Frequency of Meals upon Physical Efficiency and Industrial Productivity. By Howard W. Haggard, M.D., and Leon A. Greenberg, Ph.D., of the Department of Applied Physiology in Yale University. Cloth. Price, $3. Pp. 180, with 31 illustrations. New Haven: Yale University Press; London: Oxford University Press, 1935.

This well written monograph deals with that much neglected aspect of human nutrition the quantitative distribution of the daily diet into meals. It comprises the report of a well conceived and carefully executed piece of research and also presents sufficient of the fundamental physiologic background to make the results and conclusions available to the general reader as well as to the trained physiologist. The work was based on the initial premise that the distribution of the food intake among the conventional three meals a day is largely a matter of national habit and is determined by economic necessity and social usage rather than by scientific principles of nutrition. The object of the research was to discover the best meal time interval and to establish the scientific principles for its being. After demonstrating proper criteria in the laboratory and devising a suitable method for their application in industry, the authors were able to show that "a high muscular efficiency is the objective and measurable accompaniment of a subjective feeling of well being and vigor, and that the rise and fall of this efficiency is correlated also with the rise and fall of productivity among factory operatives performing manual tasks." From their observations on the muscular efficiency and the "pattern of productivity" of industrial workers engaged in the tasks at which they ordinarily earned their livelihoods, the authors have concluded that the usual practice, in this country, of eating the day's supply of food in three instalments does not permit the greatest vigor and efficiency of which the individual is capable. Five meals a day (the total amount and quality of the food remaining the same) yields the maximum efficiency. This volume should be of particular interest to employers of labor as well as to students of nutrition.

High Blood Pressure and Its Common Sequelæ. By Hugh O. Gunewardene, M.B., B.S., D.M.R.E. Cloth. Price, $3. Pp. 172, with 14 illustrations. Baltimore: William Wood & Company, 1935.

This small volume presents a brief sketch of the major aspects of hypertensive disease. It cannot be classed as a comprehensive monograph. It reflects throughout the British background of the author and presents some original and apparently heretofore unpublished studies on the relationship of the arterial tension to habits of life. The observation that the average arterial tension of the rickshaw men, or "runners," is notably

lower than the average for others of similar race but of most sedentary habits is interesting and thought provoking. The discussion of the etiology of hypertensive arterial disease, as is all of the book, is remarkable for its unbiased sanity but is wholly incomplete. The presentation of the cardiac phenomena of hypertension is concise and clear. The analysis of the problems of renal function impairment as it occurs in hypertension merely touches the surface and leaves out much that should be incorporated. The description of the proper technic of sphygmomanometry is adequate and precise. The author's emphasis on the importance of the diastolic tension early in the book is well made, but he does not follow this concept further along. To be reminded of the frequency of hypertension in the tropics is of value for we are prone to take a somewhat provincial attitude anent the American emphasis on hypertension. The author writes clearly and well. Where he has some original concept to present there appears enthusiasm and conviction that are lacking elsewhere. The chapters on apoplexy and on pulmonary edema are unusually well written. The book, although apparently intended for general consumption, appears to be too brief and sketchy to yield a really clear picture of hypertensive arterial disease to those whose work has not dealt extensively with the problems. For the internist it has little to offer that is new. More comprehensive American monographs, such as Fishberg's "Hypertension and Nephritis" (Lea & Febiger) and Stieglitz's "Abnormal Arterial Tension" (National Medical Book Company), cover the subject more fully and with perhaps a better placement of emphasis.

Malyariynaya terapiya neyrolyuesa i drugikh zabolevaniy nervnoy sistemy. [By] P. A. Minlovich. Iz kliniki nervnykh bolezney Rostovskogo n.-D. Meditsinskogo i kraevogo nevro-psikhiatricheskogo instituta. [Malarial Therapy of Neurosyphilis and Other Diseases of Nervous System.] Cloth. Pp. 209, with illustrations. Azov-Chernomorsk: Regional Publishing Company, 1934.

This, the first monograph on the subject in the Russian language, presents an exhaustive discussion as well as an analysis of the author's experience with the method of malarial therapy. The author discusses indications, contraindications, the choice of the parasite, the technic of inoculation, the course of experimental malaria and the methods of terminating it. From ten to twelve paroxysms constitute one course. The literature concerning the results obtained in dementia paralytica is critically reviewed. The author's impressions are based on an experience with 1,000 cases treated by him in the last seven years. Of this number he was able to study and follow up 712 cases for from one to eight years. He feels that both the specific and the nonspecific therapy are indicated in the postsyphilitic diseases and in the refractive early cases of syphilis. Of the nonspecific agents he considers malarial therapy to be the most effective. Best results in dementia paralytica and in locomotor ataxia will be accomplished by an early diagnosis and timely application of malarial therapy. For some of those cases repeated courses of malaria will be advisable. The parasite best suited for repeated courses is the quartan. The effect of malarial therapy in nonsyphilitic diseases of the nervous system requires further observations. One might expect some improvement in cases of epilepsy with a syphilitic etiology and in the early cases of schizophrenia. The author stresses the necessity of establishing special centers for the rational application of malarial therapy and the study of associated problems. The appended exhaustive bibliography enhances the value of this excellent monograph.

A B C of the Endocrines. By Jennie Gregory, M.S. Foreword by Carl G. Hartman, Department of Embryology, Carnegie Institution of Washington. Cloth. Price, $3. Pp. 126, with illustrations. Baltimore: Williams & Wilkins Company, 1935.

The distinctive feature of this volume is the absence of text, the entire material being presented in charts and graphs. The diagrams and legends comprise a novel and interesting attempt to review, in a simple and concise manner, the present status of endocrinology for the benefit of the general practitioner, the medical student and the intelligent layman. This method of presenting the hormone activities, the functional interrelationships of the various glands and the commoner glandular disorders compresses a remarkable amount of factual material and hypothesis into a small space. The method, however, does not lend itself to the ready distinction between fact and theory nor does it allow for the use of the many reservations with which much of our present knowledge must be seasoned. The author has apparently made every effort to avoid misrepresentation by basing her material on the works of the acknowledged authorities in the field. Those who use this book for the purpose for which it was designed should find it extremely interesting and useful. It is not, however, intended to be a diagnostic or therapeutic manual, and practitioners who may be tempted to use it as such should be reminded, in the words of Pope, that "a little learning is a dangerous thing."

Lehrbuch der Gynäkologie. Von Prof. Dr. W. Stoeckel, Geh. med.-rat Direktor der Universitäts-Frauenklinik zu Berlin. Fifth edition. Paper. Price, 33 marks. Pp. 760, with 531 illustrations. Leipzig: S. Hirzel, 1935.

The book primarily written by Fritsch has been so completely gone over by the present author, who wrote five editions, that it bears no resemblance to the original work either in text or in its external appearance. As in previous editions, the operative technic is considered by the author as beyond the scope of the book. In addition to having all the good qualities of the preceding edition, the present one may rightly boast of a painstaking revision of chapters on menstruation, uterine cancer, heat and light treatment, conception, sterility, methods of sterilization and female hygiene. Numerous new illustrations have been added. The constructive criticism may be limited to a few remarks. Little is said about trichomonas vaginitis; the treatment of this condition is not discussed separately, the author apparently applying the same therapy in any kind of vaginitis. The modern appliances for colposcopic examination are not described. The subject of lymphogranuloma inguinale is too briefly treated. One is disappointed with the bare mention of granuloma inguinale. The use of proprietary drugs not popular in foreign countries is regrettable from the point of view of non-German readers. One may deplore the paucity of discussion of the relations between the genital system and the various endocrine glands. Reproduction of photographs of nude patients with faces uncovered is not in keeping with good taste, at least according to views prevailing in the American literature. Except for a few such shortcomings, the book excels in every respect; especially the chapters on uterine cancer and myomas, ovarian cysts and tumors are real masterpieces. The various subjects throughout the book are presented in a clear, concise manner; the style is fluent, terse and easily readable. The book is replete with high grade illustrations and beautiful reproductions in color. The author's attitude toward the treatment of cancer of the cervix deserves attention: he advocates preoperative radium treatment and postoperative applications of x-rays and advises a surgical removal of the cancer because some tumors are radioresistant. He prefers Schuchardt's vaginal extirpation of the uterus to an abdominal hysterectomy. The chapter on x-rays has been written by Mikulicz-Radecki. This most modern and thorough book on gynecology is well worth adding to one's library.

The Bacteriology of Typhoid, Salmonella, and Dysentery Infectious and Carrier States. By Leon C. Havens, M.D., Director of Laboratories, Alabama Department of Public Health. Edited by Kenneth F. Maxcy, M.D. Foreword by Wilson G. Smillie, M.D. Cloth. Price, $1.75. Pp. 158, with 6 illustrations. New York: The Commonwealth Fund; London: Oxford University Press, 1935.

In this small volume the author has described his experience in those fields which were his main interests as director of the Alabama state laboratories. It is exceedingly regrettable that Dr. Havens' death occurred to end his work so early in life and before the publication of this useful handbook. The publishers are to be congratulated, however, on having the material presented under the editorship of Dr. Kenneth F. Maxcy. The various subjects discussed in the thirteen chapters are of particular interest to the laboratory worker and to the field epidemiologist whose work involves the investigation of these problems. To these workers especially the volume will serve a useful purpose as a reference handbook, since the author stresses the importance of the standard technics and procedures accepted by most public health laboratories. While the review of the carrier problem and its relation to the control of typhoid is not as complete as one would desire, it does include a discussion of the most important aspects and particularly those applicable to the problem as it affects the Southern states. The considera-

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tion of the Salmonella group is reasonably complete, giving emphasis to many laboratory and epidemiologic points incident to the full discussion of the bacteriology of this interesting and intricate group of "food poisoning" organisms. Undoubtedly this laboratory and field manual will be widely used not only by those investigating the related problems in the laboratory and in the field for state and local health departments but also in the field of medical education, since the presentation is clear, concise and accurate, thereby making the volume suitable for teaching purposes. The format is attractive and the paper and printing are excellent, in the usual manner of Commonwealth Fund publications, all making for a volume that is inviting to the reader.

Glands and Efficient Behavior. By Florence Mateer, Ph.D., Director, Merryheart Clinic, Merryheart Schools, Columbus, Ohio. With an introduction by Max A. Goldzieher, M.D., Endocrinologist of the Gouverneur Hospital, New York. Cloth. Price, $2.50. Pp. 213. New York & London: D. Appleton-Century Company, Inc., 1935.

This is an enthusiastic dissertation, intended for lay consumption, on the relation of endocrine deficiencies to behavior problems in children and adults. The author is a psychologist who exhibits a commendable degree of skepticism in her own field. However, this critical attitude is not carried through the book; many unexpected lapses in judgment occur, particularly when the author invades little known territory in the realm of endocrinology. Many case histories are included; these add to the interest but unfortunately not always to the scientific value of the treatise. Some of the therapeutic measures employed, such as calcium feeding and the administration of vitamin D, bear a questionable relation to the subject of the book. The author appears to have more faith than present knowledge warrants in the oral administration of such glandular products as desiccated pituitary or parathyroid. While it contains some sound and valuable information, this volume will probably serve to mislead quite as much as to inform the unwary reader.

Diet Manual, St. Mary's Hospital. Compiled by Sister Mary Victor, R.N., B.S., Director of the Department of Nutrition, St. Mary's Hospital, Rochester, Minnesota. Second edition. Cloth. Price, $2.50. Pp. 191. Rochester, Minn.: St. Mary's Hospital, 1935.

This edition, revised by Sister Mary Victor, constitutes a well organized outline of present-day diet therapy and is useful both to the doctor and to the dietitian. The organization of material has as its central idea the "optimum diet," with the therapeutic diet as a modification that still supplies all the nutritional essentials. Diet therapies for adults and those for children are treated in separate sections. The author has divided her material according to the conditions of disease which require treatment by diet. She outlines the general principles underlying the choice of food for each condition and lists the foods that may be used. A menu outline indicates how the average nutritive requirements may be satisfied with the foods allowed. Recipes for dishes suitable for diabetic diets are particularly helpful to the doctor or the dietitian who is looking for some ways to add variety to an otherwise rigid regimen. The material is well indexed and, with the tables in the appendix, it serves as a useful and compact manual of diet therapy.

Cardiac Output and Arterial Hypertension. By Sidney A. Gladstone, M.D. Cloth. Price, $1. Pp. 56, with illustrations. New York: The Author, 1935.

This little volume is a collection of four individual papers rather than a monograph dealing with the subject as a whole. The first two papers present a critical outline of methods of determining the cardiac output in man by foreign gas inhalation. The third paper deals with an application of the author's modification to a study of the cardiac output in arterial hypertension. It is shown that the cardiac output is normal in the hypertensive state and that therefore it is concluded that the increased cardiac work which results in hypertrophy may be attributed solely to increased peripheral resistance. The fourth paper is a scholarly, critical analysis of the literature dealing with the pathogenesis of nephritic hypertension; no new facts are presented. The philosophical discussion is interesting reading, although many assumptions make one question the validity of the conclusions. For those deeply interested in investigative work on circulatory dynamics the book is worthy of study. It is not applicable or intended for general reading.

Bureau of Legal Medicine and Legislation

MEDICOLEGAL ABSTRACTS

Malpractice: Ischemic Paralysis Following Fracture of Humerus.—Dr. Weeks, one of the defendants in this case, while visiting a patient in a hospital was asked to treat the plaintiff, a 6 year old child, who had just been brought in in an emergency, because of an injury to her left arm. He diagnosed the injury as a fracture of the bone just above the elbow joint, reduced the fracture, and immobilized the arm with the elbow joint acutely flexed and the forearm supinated. The forearm was bandaged to the upper arm by 2-inch adhesive tape and was fastened to the chest wall with a sling made of the same material. Dr. Weeks' services then ended, and the patient was returned to her home. From a dissenting opinion in this case, it appears that before the patient left the hospital Dr. Weeks notified her mother of the danger of swelling and instructed her to notify her own physician at once if it occurred, and there is nothing to indicate that he did not do so.

During the night following the injury, the arm became swollen and painful, and on the following day the patient's parents called in Dr. Salomon. He examined the arm and had roentgenograms made but apparently did nothing more. That night, because of the continued swelling of the arm, the patient's mother on her own initiative cut the bandage, but not completely through. The following day, on Dr. Salomon's advice, she released the bandage and placed the patient's arm in a loose sling. On the third day after the injury a specialist, summoned at the instance of Dr. Salomon, found that ischemic paralysis had developed. Blood blisters appeared at the wrist and elbow, and the tissues at those sites were infected, suppurated and sloughed. At the time of the trial, one and one-half years after the injury, the muscles had wasted and hardened so that the patient could flex her elbow only 90 degrees and her thumb 10 degrees, and her fingers were powerless. She presented the usual deformity incident to ischemic paralysis of this type and there was no possibility of improvement by medical aid.

Through a guardian appointed for that purpose, the patient sued both Dr. Weeks and Dr. Salomon. She made no complaint of Dr. Weeks' diagnosis and reduction of the fracture, nor did she allege that he did not have the requisite skill and learning. Her sole complaint was that he was negligent in the application of that skill and learning in the treatment of her injury. The jury returned a verdict exonerating Dr. Salomon and awarding damages against Dr. Weeks. Dr. Weeks thereupon appealed to the district court of appeal, first district, division 1, California.

In the course of the trial, to support her charge of negligence on the part of Dr. Weeks, the plaintiff introduced the testimony of only one medical expert. He interpreted the roentgenograms that had been taken as showing that the elbow joint had been flexed as far as it could possibly go under pressure, that the forearm had been placed against the upper arm as close as it would go without being heavily forced, and that the bandage was too tight. On behalf of the physician-defendant, Dr. Weeks, two roentgenologists testified that the roentgenograms showed a degree of flexion usually used in the treatment of fractures such as the plaintiff had and that there was no undue pressure from the bandage. The opinion of the sole medical expert introduced by the plaintiff was further contradicted by the testimony of five medical experts and of the defendant Weeks himself. The defendant Weeks argued that he was not chargeable with negligence, since the course he had pursued was approved by many experts and disapproved by only one. But the difference in the number of witnesses, said the court, is a false quantity, since, under the California Code of Civil Procedure, "the direct evidence of one witness who is entitled to full credit is sufficient for proof of any fact," and the jury "are not bound to decide in conformity with the declarations of any number of witnesses, which do not produce conviction in their minds, against a less number."

The defendant Weeks contended further that the plaintiff's medical expert witness had invaded the province of the jury when he stated his opinion as to the cause of the plaintiff's paralysis. But, said the court, quoting with approval *DeGroot* v. *Winter*, 261 Mich. 660, 247 N. W. 69:

> When a result may or may not be occasioned by malpractice, an expert medical witness invades the province of the jury when permitted to go beyond stating that it *could* and in saying that it *did* occasion the result. Such an opinion is but the private judgment of the witness and not competent evidence. Whether the alleged malpractice could occasion the result complained of was one of science only. Whether malpractice did occasion such result was in the controversy, and therefore not one of mere science. When the facts are admitted and not in dispute, the question, if answered, may be considered one of science. But, when a result could have been occasioned by one of two or more causes, the ultimate fact of which cause occasioned the result is for determination by the jury, and a medical expert may not, in case of conflicting evidence, invade the province of the jury and testify that the result was in fact occasioned by one cause only.

The appellate court could find nothing in the record to show that the plaintiff's expert witness had transgressed the rule thus laid down.

The defendant claimed that the trial court erred in admitting in evidence, over his objection, enlargements of the roentgenograms that were taken. In rejecting this claim, the appellate court quoted 22 C. J. 918, as follows:

> It is no objection to the admissibility of a photograph that it is enlarged, showing the subject or object magnified, where this does not have a tendency to mislead. Photographs of instruments already in evidence which are so enlarged as to make the proportions plainer and to illustrate the testimony of the witnesses may go to the jury in the same way as would a magnifying glass or microscope.

It is for the trial court to determine from the evidence before it whether enlargements of photographs already in evidence are correct representations thereof, and its ruling will be sustained unless it is apparent that there has been an abuse of discretion. Moreover, conceding that the enlargements in this case exaggerated and distorted the alinement of the bones, the defendant was not thereby prejudiced since there was no dispute as to the reduction of the fracture and no claim is made that the enlargements had a tendency in any other respect to mislead.

In the opinion of the appellate court, the nature and extent of the injury to the tissue, muscles and blood vessels of the patient's arm at the time of the fracture, and the progressive development of injury to those parts following the emergency treatment given by the defendant Weeks, not only supported the jury's conclusion that paralysis was caused by trauma, arising from the treatment, but negatived a conclusion that the paralysis developed pathologically and from internal pressure. The judgment of the trial court was therefore affirmed. The presiding justice, however, filed a dissenting opinion, concluding that the judgment was without evidentiary support and should be reversed.—*Sims v. Weeks (Calif.), 45 P. (2d) 350.*

Death from Hemolytic Streptococcic Infection Attributed to Debility Following Trauma.—Deceased was struck by an automobile driven by the defendant, May 31, 1930. She had a miscarriage and subsequently, notwithstanding treatment, she had prolonged hemorrhages, became anemic, and lost vitality and strength. She was taken to a hospital Feb. 12, 1931. According to the report of the case, she was not infected by hemolytic streptococci when she entered the hospital but was so infected while there. What the portal of infection was and the nature of its manifestation, the reported decision does not show. The first manifestation of infection appeared, however, February 17. The patient died Feb. 19, 1931. Her husband thereupon sued the defendant, charging him with liability for the death of the plaintiff's wife, because of the automobile accident eight and one-half months earlier.

There was medical testimony to show that a causal relation existed between the accident and the death, based on the theory that the hemorrhages from which the deceased suffered were caused by the accident and that they so lowered her vitality that she could not resist the subsequent infection by streptococci. The trial court charged the jury that they would be justified in finding that there was a causal relation between the accident and the death if they found that the accident caused the hemorrhages, that because of those hemorrhages the deceased's vitality was impaired and her capacity to resist disease weakened, and that because of that lowered vitality infection by hemolytic streptococci occurred and caused death. The jury so found and returned verdicts in favor of the plaintiff in each of the several suits instituted by him. From these verdicts the defendant appealed to the Supreme Judicial Court of Massachusetts.

The defendant contended that the injury suffered as a result of the automobile accident was not legally the proximate cause of death. But, said the Supreme Judicial Court, a cause which in a continuous sequence, unbroken by any new cause, produces an event, and without which cause that event would not have occurred, is a proximate cause. It may be assisted or accelerated by other incidental and ancillary matters, but if it continues as an operative potent factor, the course of causation is not broken. If any injury progressively so reduces the general vitality of an injured person as to make him peculiarly susceptible to a disease which he contracts, the chain of causation, as a matter of law, is not broken.

> "If the negligent actor is liable for another's injury which so lowers the other's vitality as to render him peculiarly susceptible to the disease, the actor is also liable for a disease which is contracted because of the lowered vitality."—*2 Am. Law Inst. Restatement, Torts, Sec. 458.*

The Supreme Judicial Court regarded the case as close, but in its opinion it could not quite be said that there was no evidence to support the verdicts of the jury. Accordingly, it allowed the verdicts in favor of the plaintiff to stand—*Wallace v. Ludwig (three cases) (Mass.), 198 N. E. 159.*

Society Proceedings

COMING MEETINGS

Alabama, Medical Association of the State of, Montgomery, Apr. 21-23. Dr. D. L. Cannon, 519 Dexter Avenue, Montgomery, Secretary.

American Association of Anatomists, Durham, N. C., Apr. 9-11. Dr. George W. Corner, 260 Crittenden Boulevard, Rochester, N. Y., Secretary.

American Association of Pathologists and Bacteriologists, Boston, Apr. 9-10. Dr. Howard T. Karsner, 2085 Adelbert Road, Cleveland, Secretary.

American Association on Mental Deficiency, St. Louis, May 1-4. Dr. Groves B. Smith, Beverly Farms, Godfrey, Ill., Secretary.

American Physiological Society, Washington, D. C., Mar. 25-28. Dr. A. C. Ivy, 303 East Chicago Avenue, Chicago, Secretary.

American Society for Experimental Pathology, Washington, D. C., Mar. 25-28. Dr. Shields Warren, 195 Pilgrim Road, Boston, Secretary.

American Society for Pharmacology and Experimental Therapeutics, Washington, D. C., Mar. 25-28. Dr. E. M. K. Geiling, 710 North Washington Street, Baltimore, Secretary.

American Society of Biological Chemistry, Washington, D. C., Mar. 25-28. Dr. H. A. Matill, Chemistry Bldg., State University of Iowa, Iowa City, Secretary.

Arizona State Medical Association, Nogales, Apr. 23-25. Dr. D. F. Harbridge, 15 East Monroe Street, Phoenix, Secretary.

Arkansas Medical Society, Hot Springs National Park, Apr. 27-29. Dr. W. R. Brooksher, 602 Garrison Ave., Fort Smith, Secretary.

Federation of American Societies for Experimental Biology, Washington, D. C., Mar. 25-28. Dr. E. M. K. Geiling, 710 North Washington Street, Baltimore, Secretary.

Florida Medical Association, S. S. Florida, Apr. 27-29. Dr. Shaler Richardson, 111 West Adams St., Jacksonville, Secretary.

Georgia, Medical Association of, Savannah, Apr. 21-24. Dr. Edgar D. Shanks, 478 Peachtree Street N.E., Atlanta, Secretary.

Iowa State Medical Society, Des Moines, Apr. 29-May 1. Dr. Robert L. Parker, 3510 Sixth Ave., Des Moines, Secretary.

Louisiana State Medical Society, Lake Charles, Apr. 27-29. Dr. P. T. Talbot, 1430 Tulane Ave., New Orleans, Secretary.

Maryland, Medical and Chirurgical Faculty of, Baltimore, Apr. 28-29. Dr. Walter Dent Wise, 1211 Cathedral St., Baltimore, Secretary.

Missouri State Medical Association, Columbia, Apr. 13-15. Dr. E. J. Goodwin, 634 North Grand Blvd., St. Louis, Secretary.

National Tuberculosis Association, New Orleans, Apr. 22-25. Dr. Charles J. Hatfield, 7th and Lombard streets, Philadelphia, Secretary.

Nebraska State Medical Association, Lincoln, Apr. 7-9. Dr. R. B. Adams, 13 N Street, Lincoln, Secretary.

New York, Medical Society of the State of, New York, Apr. 27-29. Dr. Daniel S. Dougherty, 2 East 103d St., New York, Secretary.

Oklahoma State Medical Association, Enid, Apr. 6-8. Dr. L. S. Willour, 203 Ainsworth Building, McAlester, Secretary.

South Carolina Medical Association, Greenville, Apr. 21-23. Dr. E. A. Hines, Seneca, Secretary.

Southeastern Surgical Congress, New Orleans, March 9-11. Dr. Benjamin T. Beasley, 478 Peachtree Street N.E., Atlanta, Ga., Secretary.

Tennessee State Medical Association, Memphis, Apr. 14-16. Dr. H. H. Shoulders, 706 Church Street, Nashville, Secretary.

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Current Medical Literature

AMERICAN

The Association library lends periodicals to Fellows of the Association and to individual subscribers to THE JOURNAL in continental United States and Canada for a period of three days. Periodicals are available from 1926 to date. Requests for issues of earlier date cannot be filled. Requests should be accompanied by stamps to cover postage (6 cents if one and 12 cents if two periodicals are requested). Periodicals published by the American Medical Association are not available for lending but may be supplied on purchase order. Reprints as a rule are the property of authors and can be obtained for permanent possession only from them.

Titles marked with an asterisk (*) are abstracted below.

American Journal of Diseases of Children, Chicago

81: 1-238 (Jan.) 1936

*Prophylaxis of Rickets in Premature Infants with Vitamin D Milk. L. T. Davidson, Katharine K. Merritt, New York, and S. S. Chipman, Norwalk, Conn.—p. 1.
Comparative Dextrose Content of Lumbar and Cisternal Cerebrospinal Fluid. A. Levinson and D. J. Cohn, Chicago.—p. 17.
*Creatinuria of Infancy and Childhood: I. Normal Variations: Creatine Tolerance Tests and Effect of Aminoacetic Acid in Normal Infants. Eleanor Marples and S. Z. Levine, New York.—p. 30.
*Seventh Nerve as a Possible Pathway for Transmission of Virus of Poliomyelitis. J. A. Toomey, Cleveland.—p. 58.
Obstructive Pulmonary Emphysema Due to Partial Obstruction of Bronchi by Tuberculous Lesions. M. L. Spivek, Chicago.—p. 69.
Cholesterol of Blood Plasma in Neonatal Period. W. M. Sperry, New York.—p. 84.
Blood Sugar Levels and Dextrose Tolerance in Experimental Poliomyelitis. C. W. Jungeblut and Rose Resnick, New York.—p. 91.
Substances Involved in Coagulation of Blood of the New-Born Infant: IV. Variations in Fibrinogen Content in Normal Infant. Marian M. Crane and H. N. Sanford, Chicago.—p. 99.

Prophylaxis of Rickets in Premature Infants.—Davidson and his associates gave eleven premature infants vitamin D milk, from cows fed irradiated yeast, during the first six months of life to determine how far they could be protected from rickets by this means alone. Clinical evidence of rickets was slight and when present appeared about a month later than it was noted in the roentgenogram. In only one instance was the calcium-phosphorus value found to be definitely lowered. By roentgenogram, two of the infants remained free from rickets throughout the period of study; the other nine showed rickets of mild degree from the third to the fifth month, which had satisfactorily healed by the sixth month without a change in the antirachitic regimen. Vitamin D milk, when used in routine feeding as the sole antirachitic substance, is shown to be inadequate for the complete protection of the premature infant against rickets.

Creatinuria of Infancy and Childhood.—Marples and Levine made a study of physiologic creatinuria and the influence of extraneous factors on such creatinuria in eight normal infants aged from 3 weeks to 7 months. The composite data were collected from a total of 129 days and gave the following results: 1. All the infants excreted creatine in the urine, the creatine coefficients (mg. of nitrogen per kilogram of body weight in twenty-four hours) varying from 0.3 to 5.14. The coefficients ranged from 3.74 to 5.78, with an average of 4.93. The total creatine coefficients (creatinine plus creatine) ranged from 4.82 to 10.5, with an average of 8.86 for the group of infants more than 1 month of age. 2. Age appeared to have no influence on the excretion of creatinine within the limited age range studied. Premature infants excreted practically no creatine, and this was also true for some very young full term infants. 3. Creatinuria of infants could be diminished by feeding diets low in protein but of adequate caloric value. It could be increased by feeding diets high in protein. The excretion of creatinine was not materially affected by these changes in diet. 4. Infants have a low tolerance for ingested creatine. From 55 to 65 per cent of the amount ingested was excreted in the urine as creatine in the first twenty-four hours and from 63 to 82 per cent in forty-eight hours. 5. The ingestion of aminoacetic acid increased the spontaneous creatinuria of infants but had no effect on the excretion of creatinine. Only a small fraction of the ingested aminoacetic acid was represented in the extra creatine excreted, and there was no specific quantitative relationship between the amount of aminoacetic acid ingested and the extra creatine excreted. 6. The ingestion of sodium benzoate causes an initial increase in creatinuria, perhaps because of the increased protein metabolism caused by the benzoate, followed by a decrease to below the foreperiod level. The authors state that the study forms a background for an investigation of the effect of endocrine products on creatinuria, which will be reported subsequently.

Seventh Nerve and Transmission of Poliomyelitis.—Toomey states that, although the virus of poliomyelitis may be absorbed by any gray nerve fiber, the production of the clinical condition depends on the size of the absorbing nerve fiber and the nearness of it to the central nervous system. Although the skin contains gray fibers, it would take thousands of minimal paralyzing doses of the virus to produce the effect that a single dose of the same amount would produce after intracerebral injection into a monkey. The length of the chorda tympani nerve, the small size of this nerve, the fact that it is medullated and its devious course to the medullary area are factors that would tend to retard the virus from spreading to the medullary area. Many taste buds might absorb the virus and yet the disease might not be produced, since the virus might be absorbed and its spread checked somewhere between the peripheral absorbing area and the nucleus of the nerve. Obviously, there are fewer cases in which the seventh nerve is involved than there are cases in which the spinal nerves are involved. Experimentally, however, such an entity can be produced in the Macacus rhesus monkey. This method of spread is not entirely hypothetic, since the author has produced the same condition experimentally in the Macacus rhesus monkey when this avenue of approach was used. It is only when the virus can approximate the gray fibers by dilating the intestine that the disease follows. Many things may cause natural distention. Analogously, although he punctured the taste buds to achieve his purpose, he was able to demonstrate a condition in the experimental animal similar to that which appears in the human being. He concludes that the production of the isolated paralyses of the muscles of the seventh nerve that occur as a result of poliomyelitis can be best explained by assuming that the port of entry is by way of the gastrointestinal tract, in this instance the gustatory fibers.

American Journal of Orthopsychiatry, Menasha, Wis.

5: 351-434 (Oct.) 1935

Comparison of Treatment Results in Various Types of Child Guidance Clinics. Helen Leland Witmer, Northampton, Mass.—p. 351.
Psychogenic Factors in Some Cases of Reading Disability. Phyllis Blanchard, Philadelphia.—p. 361.
Prediction of Reading Disability Prior to First Grade Entrance. B. M. Castner, New Haven, Conn.—p. 375.
Treatment of Functional Speech Disorders in a Medical-Social Clinic: Implications for Treatment of Functional Disorders in General. I. P. Glauber, Central Islip, N. Y.—p. 388.
Test for Types of Reaction to Frustration. S. Rosenzweig, Worcester, Mass.—p. 395.
Incidence of Like Traits in One Hundred and Fifty-Four Siblings and Fifty Cousins in a Group of So-Called Normal Children. J. J. Michaels, Boston, and Sylvia E. Goodman, Ann Arbor, Mich.—p. 404.
Social Structure of Group of Kindergarten Children. Eugenia Hanfmann, Worcester, Mass.—p. 407.
Integrating Psychiatry with Education at the Anderson School. V. V. Anderson, Staatsburg, N. Y.—p. 411.
Integrating Psychiatry with Education at Vassar College. Helen P. Langner, Poughkeepsie, N. Y.—p. 417.

California and Western Medicine, San Francisco

44: 1-72 (Jan.) 1936

Surgical Treatment of Lesions of Stomach and Duodenum. E. S. Judd, Rochester, Minn.—p. 8.
Surgery of Glaucoma: Mode of Action of Cyclodialysis. O. Barkan, S. F. Boyle and S. Maisler, San Francisco.—p. 12.
Injuries of Posterior Urethra. H. W. Martin, Los Angeles.—p. 16.
Agranulocytic Angina. W. H. Johnston, Santa Barbara.—p. 20.
*Brain Tumors in Children. A. J. Scott Jr., Los Angeles.—p. 25.
Relapsing Fever in California. G. C. Burns, Walnut Park.—p. 29.
Thyroid Gland Ablation: Its Use for Congestive Heart Failure and Angina Pectoris: Report of Five Cases. J. H. Pettis and E. D. Sorsky, Fresno.—p. 34.
Corporations Cannot Practice Medicine in California: Recent Opinion Handed Down by a California District Court of Appeal.—p. 36.

Brain Tumors in Children.—Scott names gliomas, congenital tumors and tuberculomas as the three types of tumors occurring in children and divides the gliomas into spongioblastomas, medulloblastomas and astrocytomas. He states that in the differential diagnosis one must rule out brain abscess,

when there is a history of trauma, ear or mastoid operation, or sinus infection with or without operation, by the acute onset, increase in temperature and a leukocytosis. When vomiting occurs daily or at fairly frequent intervals, gastro-intestinal disturbances must be ruled out. The same applies to eye strain. This will sometimes cause morning vomiting. An eyeground examination should be insisted on when the eyes are being tested. If, on spinal puncture, the fluid shows old blood, one may suspect a hemorrhagic pachymeningitis, or, if fresh blood is present, the history should be studied carefully for trauma. When a child presents a gradual increase in irritability from no known cause, such as overfatigue, it is well to study the history carefully. A complete physical examination must be made, including a study of the eye and the eyegrounds. If a child who has been apparently normal becomes awkward in the use of his arms or legs, chorea must be considered and ruled out. Here there are usually the involuntary movements so characteristic of chorea. In the brain tumor case, the awkwardness varies when voluntary movements are attempted. Gastro-intestinal disturbance of a chronic nature may be suspected from the vomiting and headaches. Here too the careful history and physical examination and in addition possibly a roentgen study of the gastro-intestinal tract will help clarify this. The prognosis is always poor. Medulloblastomas are highly malignant and spread through the spinal fluid, where they become implanted in the spinal spaces. They are radiosensitive. The postoperative clinical course is from six months to five years. Treatment is surgical, followed by high voltage roentgen therapy in the case of medulloblastomas. The surgical mortality is high. A decompression may relieve the symptoms for a while.

Georgia Medical Association Journal, Atlanta

24: 423-458 (Dec.) 1935

Hereditary Cleidocranial Dysostosis: Report of Two Cases. J. C. Massee, Atlanta.—p. 423.
Carotid Body Tumor: Report of Case. S. Brock and I. Pilot, Augusta. —p. 425.

Johns Hopkins Hospital Bulletin, Baltimore

58: 1-58 (Jan.) 1936

Nutritional Edema in Dog: III. Salt and Augmentation of Tissue Fluid. A. A. Weech, E. Goettsch and E. B. Reeves, New York. —p. 1.
*Influence of Inadequate Treatment of Early Syphilis on Incidence and Incubation Period of Neurosyphilis. J. E. Kemp, Chicago, and W. C. Menninger, Topeka, Kan.—p. 24.
*Pneumothorax Therapy in Lobar Pneumonia. T. J. Abernethy, F. L. Horsfall Jr. and C. M. MacLeod, New York.—p. 35.

Neurosyphilis.—Kemp and Menninger base their remarks on a study of 680 patients, in whom all necessary data are given and of whom 265 had neurosyphilis: 1. Early inadequate treatment (given within two years after infection) apparently does not increase the incidence of neurosyphilis; with no treatment, neurosyphilis comprises 52.6 per cent of cases, and with early inadequate treatment it comprises 43.4 per cent of cases. 2. The incidence of neurosyphilis in males with no or inadequate treatment remains the same; i. e., 57.4 and 57 per cent; in females the inadequate treatment group represents 32.2 per cent, and in the group without treatment 50 per cent. 3. The incubation period of clinical neurosyphilis is reduced approximately five years in a group of early inadequately treated patients as compared with a group receiving no treatment, i. e., from 19.2 to 13.1 years in males and from 14.9 to 8.7 years in females. 4. The incubation period of neurosyphilis is shorter in females than in males in both treated and untreated groups. The reason for this difference is not apparent from the study.

Pneumothorax Therapy in Lobar Pneumonia.—Abernethy and his associates state that the introduction of large amounts of air into the pleural cavity with marked collapse of a pneumonic lung can be accomplished without serious harm to the patient. Although massive pneumothorax is necessary to effect relatively complete collapse of the consolidated lung, it frequently causes an increase in dyspnea, tachypnea and cyanosis. Pleural pain accompanying pneumonia is relieved after the introduction of a small amount of air into the pleural space, but larger amounts frequently induce substernal pain. Certain changes in the systolic blood pressure following massive artificial pneumothorax appear to be related to the elevation of the intrapleural pressure. Massive pneumothorax did not favorably influence the course of pneumonia in six early cases. Decompression or withdrawal of air from the pleural cavity after subsidence of acute symptoms permitted reexpansion of the lung and did not cause reactivation of the infection.

Kansas Medical Society Journal, Topeka

37: 1-44 (Jan.) 1936

Partial Gastrectomy in Treatment of Gastric Ulcer and Cancer. W. M. Mills, Topeka.—p. 1.
Carcinoma of Skin. F. G. Bartel, Newton.—p. 4.
Aortic Arch with Anomalous Branches. H. B. Latimer and P. H. Wedin, Lawrence.—p. 8.
*Blood Clot Culture as an Adjunct to Widal Test. R. L. Laybourn, Topeka.—p. 10.
Some Experimental Findings on Blood Pathology. M. Gerundo, Independence.—p. 14.

Blood Clot Culture an Adjunct to Widal Test.—Laybourn states that, because of the indefinite character of the early symptoms of typhoid, laboratory aids in diagnosis assume considerable importance. As a consequence, there is an unfortunate tendency to base the diagnosis solely on the Widal test (a test that is of no value until the disease is well advanced) to the exclusion of physical observations and histories. Both theory and practice have shown that the blood culture is the procedure of choice as an aid in the early diagnosis of typhoid. Of first importance is the fact that the typhoid bacillus can be isolated from the blood stream of practically all cases during the first few days of the illness—the time when the establishment of a definite diagnosis is of the most importance. The second point in favor of the blood culture is the fact that it gives more definite and conclusive evidence than is obtained from the Widal test, since the isolation and identification of the typhoid bacillus leave little room for doubt as to the cause of the illness. A third and most important point, so far as the prevention of the spread of typhoid is concerned, is the fact that typhoid bacilli can be isolated from the blood stream in mild and abortive cases of the disease, in which there might otherwise be little suspicion of a typhoid infection because of prompt recovery or atypical symptoms. Such cases are a greater menace to the health of a community than the clinically typical case. Both a blood and a stool specimen should be collected as early as possible in gastro-intestinal disturbances as an aid in the early diagnosis of both typhoid and bacillary dysentery.

Medicine, Baltimore

14: 377-498 (Dec.) 1935

Carotid Sinus Syncope and Its Bearing on Mechanism of the Unconscious State and Convulsions: Study of Thirty-Two Additional Cases. E. B. Ferris Jr., R. B. Cappo and Soma Weiss, Boston.—p. 377.
Intrapleural Pressure in Health and Disease and Its Influence on Body Function. M. Prinzmetal, St. Louis, and W. B. Kountz, San Francisco.—p. 457.

New York State Journal of Medicine, New York

36: 55-138 (Jan. 15) 1936

Sympathetic Ophthalmia: Instructional Hour: Notes on Pathology and Surgical Treatment. B. Samuels, New York.—p. 55.
Id.: Its Complications: Surgical Treatment. J. F. Gipner, Rochester. —p. 59.
Sympathetic Uveitis: Results of Treatment with Diphtheria Antitoxin in Thirty-Five Consecutive Cases. F. H. Verhoeff and S. R. Irvine, Boston.—p. 63.
Allergy in Its Relation to Sympathetic Ophthalmia. A. C. Woods, Baltimore.—p. 67.
Survey of Cases of Sympathetic Ophthalmia Occurring in New York State. H. H. Joy, Syracuse.—p. 85.
Face Pain. G. H. Hyslop, New York.—p. 91.
Traumatic Division of Transverse Colon and Complete Loss of Greater Omentum, with Recovery: Case Report. V. D. Leone, Niagara Falls. —p. 95.
*Purpura Haemorrhagica with Intracranial Hemorrhage. P. H. Garvey and D. J. Stephens, Rochester.—p. 97.
The Prostatic Problem: Present Status. H. G. Bugbee, New York.—p. 102.
Deafness: Diagnosis Based on Functional Testing. C. M. Brown, Buffalo.—p. 109.
Dermatitis Due to Card Table Cover: Case Report. H. D. Niles, New York.—p. 113.
Recurrence of Toxemia. A. J. B. Tillman, New York.—p. 116.
Severe Primary Dysmenorrhea: Relief by Resection of Superior Hypogastric Plexus. F. S. Wetherell, Syracuse.—p. 119.

Hemorrhagic Purpura with Intracranial Hemorrhage.—Since 1926, Garvey and Stephens have made a diagnosis of hemorrhagic purpura in thirty cases. Of these, ten ended fatally, in seven of which the cause of death was an intracranial

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hemorrhage and was confirmed in five at necropsy. It has been their experience and that of others that the most common cause of death in hemorrhagic purpura is the development of one or more large intracranial hemorrhages. The cases can usually be divided into three groups: (1) those characterized by the sudden development of focal signs, usually those of a hemiplegia, (2) those with meningeal bleeding presenting the usual symptoms and signs of subarachnoid hemorrhage and (3) the group of coma and convulsions. A fourth group might be aded to include cases presenting the syndrome of cerebellar apoplexy. The cause of death in two of the authors' patients was a cerebellar hemorrhage. While cerebral hemorrhage is one of the feared complications of hemorrhagic purpura, it does not necessarily imply a fatal prognosis. Several instances of spontaneous recovery from subarachnoid bleeding have been recorded. The treatment of the intracranial complications of hemorrhagic purpura is not satisfactory. As a rule, there is little that can be done to avoid a fatal termination in the apoplectiform type, in which the patient develops sudden and profound symptoms of intracranial hemorrhage. When symptoms are less severe, with evidence of meningeal bleeding or minor focal signs, transfusion and splenectomy may be considered. In several of the present patients, previous transfusions did not prevent the occurrence of intracranial hemorrhage. Splenectomy was apparently an important factor in the recovery of one patient in whom intracranial bleeding had occurred. Splenectomy is attended by a definite risk, and in most types of secondary purpura as well as in some cases of idiopathic hemorrhagic purpura it is not effective in controlling the hemorrhagic phenomena.

Northwest Medicine, Seattle

33: 1-38 (Jan.) 1936

Basic Suggestions to the Oregon Profession. A. M. Webster, Portland, Ore.—p. 1.
The Surgical Management of Peptic Ulcer. J. A. Wolfer, Chicago.—p. 5.
Improved Clavicular Crutch Splint. W. Kelton, Seattle.—p. 15.
Internal Hemorrhoids: Determination of Treatment. A. Crookall, Seattle.—p. 18.
*Carcinoma of Rectum: Consideration of Methods for Lowering Operative Mortality, with Especial Reference to Intraperitoneal Immunization. S. F. Herrmann, Tacoma, Wash.—p. 20.
Eradication of Hernia by Injection. R. C. McDaniel, Portland, Ore.—p. 23.
Significance of Gastro-Intestinal Hemorrhage. G. W. Millett, Portland, Ore.—p. 26.

Carcinoma of Rectum.—Herrmann asserts that proctoscopic examination is indicated for slight cancerous symptoms of the rectum. Only in this manner can early diagnosis of curable lesions be made. The earlier the diagnosis, the less complicated is the lesion, the higher the percentage of cures and the lower the mortality rate. A prolonged period of preoperative preparation is essential, during which the colon is emptied, the fluid reservoirs of the body are filled and the glycogen reserve is improved. Peritoneal immunization can be accomplished by intraperitoneal vaccine. This offers protection against unforeseen accidents with fecal soiling of the peritoneum. Two cases are cited to prove the effectiveness of such local immunization. The operative procedure must be adapted to each case. An extensive abdominoperineal resection must be done in certain high lesions, but it is inadvisable to apply this method to low rectal lesions that can be eradicated by posterior resection. The mortality rate rises with the technical difficulty of the operation. Destruction of inoperable or incurable rectal lesions by repeated electrocoagulation may replace palliative colostomy. Bowel action and consequent fecal soiling should be postponed as long as possible after the operation. This is accomplished by giving nothing by mouth for from two to four days while maintaining an adequate parenteral fluid intake. Morphine is indispensable. Early transfusion may be life saving; late transfusion is useless.

Oklahoma State Medical Assn. Journal, McAlester

29: 1-38 (Jan.) 1936

Tumors of Nasal Accessory Sinuses: Adamantinoma, Dentigerous Cysts and Osteoma: Report of Cases. A. H. Davis, Tulsa.—p. 1.
Blood Dyscrasias in Children. H. Jeter, Oklahoma City.—p. 5.
Diarrhoea. W. M. Taylor, Oklahoma City.—p. 8.
Nonspecific Management of the Cancer Patient. T. G. Miller, Philadelphia.—p. 10.
Sterility. P. N. Charbonnet, Tulsa.—p. 15.
Chronic Glaucoma. M. K. Thompson, Muskogee.—p. 18.

Pennsylvania Medical Journal, Harrisburg

39: 223-296 (Jan.) 1936

Industrial Dermatoses. E. D. Osborne and E. D. Putnam, Buffalo.—p. 223.
*Experimental Production of Enlargement of Accessory Sex Organs in the Rat: Preliminary Report. J. F. McCahey, D. Soloway and L. P. Hansen, Philadelphia.—p. 228.
Treatment of Childhood Pneumonia in the Home. E. L. Piper, Pittsburgh.—p. 231.
The Medical Fate of Pennsylvania's Unemployed After Jan. 1, 1936. G. L. Laverty, Harrisburg.—p. 234.
Treatment of Menstrual Disorders. F. C. Hammond, Philadelphia.—p. 235.
Graves' Disease and Pregnancy. I. Bram, Philadelphia.—p. 239.
Significant Factors Resulting from Studies of the Emergency Child Health Committee of Pennsylvania. S. M. Hamill, Philadelphia.—p. 241.
Work of the Emergency Child Health Committee in Allegheny County. H. T. Price, Pittsburgh.—p. 244.
Problem Cases in Refraction. I. S. Tassman, Philadelphia.—p. 247.

Enlargement of Accessory Sex Organs in Rats.—In studying the effect produced by long periods of union, McCahey and his collaborators united, by parabiosis, twelve pairs of young mature male albino rats. Litter mates of approximately similar weights were united, and for each pair another litter mate was kept for control. In four pairs of castrates and noncastrates united for periods of from sixteen to eighteen days there were no marked gross changes in the accessory sex organs as compared to the normal litter mates. In five pairs united for periods ranging from twenty-seven to 210 days the accessory sex organs of the noncastrates were enlarged. This increase in size affected the penis, the glands connected with the prepuce, the ejaculatory muscle, Cowper's glands, the three portions of the prostate, the seminal vesicles and the vasa efferentia. Enlargement was also noted in a glandlike structure which arises from the vas near its entrance into the posterior urethra. The period of 210 days of union represents approximately one sixth of the life cycle of the rat. The fact that the testes responded to stimulation for this prolonged period as shown by the increased size of the accessory sex organs at the end of the experiment does not lend support to the theory of antihormone formation. In the pair united for 210 days and also in another pair that was united for 190 days there were marked changes in the testes of the noncastrate. Pronounced changes in the spermatogenic epithelium and the interstitial cells were present. Cross sections showed the tubules packed with spermatozoa, and the layers of spermatogonia and spermatocytes were increased in number. Longitudinal sections of the tubules showed loss of the wave of spermatogenesis seen in normal sections; no areas free of completely formed spermatozoa were observed. The interstitial cells were increased in size and number. Histologic sections of the enlarged ventral lobe showed a marked increase in the size of the acini, which were also dilated to an abnormal extent with secretion. The epithelium was definitely hypertrophied. In some areas the connective tissue seemed increased in amount.

Yale Journal of Biology and Medicine, New Haven

8: 113-224 (Dec.) 1935

William Beaumont's Rendezvous with Fame. H. Cushing, New Haven, Conn.—p. 113.
Streptococcus Infection Occurring in Ferrets Inoculated with Human Influenza Virus. I. J. Brightman, New Haven, Conn.—p. 127.
Modern Treatment of Craniocerebral Injuries, with Especial Reference to Maximal Permissible Mortality and Morbidity. D. Munroe, Boston.—p. 137.
*Studies on Vitamin B Complex: Further Indications for Presence of Third Factor. R. J. Block, New York, and Rebecca B. Hubbell, New Haven, Conn.—p. 169.
Fat Embolism. H. H. Groskloss, Philadelphia.—p. 175.

Studies on Vitamin B Complex.—Block and Hubbell fed rats a highly purified diet supplemented with 1 mg. of a vitamin B_1 concentrate a day. More rapid and longer continued growth was observed when the antineuritic vitamin requirements were supplied by a concentrate prepared from rice polishings by alkali extraction of the material adsorbed on Lloyd's reagent than by the use of an equal number of units prepared by acid extraction. Thus, further evidence is presented that, in addition to vitamin B_1 and B_2, another factor (or factors) in the vitamin B complex is needed for the growth of the albino rat. This "third factor" is present in rice polishings. It is adsorbed on Lloyd's reagent and is eluted by dilute sodium hydroxide but not by alcoholic hydrochloric acid.

FOREIGN

An asterisk (*) before a title indicates that the article is abstracted below. Single case reports and trials of new drugs are usually omitted.

British Journal of Physical Medicine, London

10: 125-142 (Dec.) 1935

X-Rays in Chronic Rheumatic Arthritis: Diagnosis, Prognosis and Treatment. S. G. Scott.—p. 127.
Electrical Injuries. R. Kovacs.—p. 129.
Electrotherapy. W. Beaumont.—p. 131.
The Physics of Conduction of Electricity in the Human Body. B. D. H. Watters.—p. 133.
Fulguration and Diathermy Coagulation in Certain Superficial Conditions. C. H. C. Dalton.—p. 134.

British Medical Journal, London

2: 1139-1190 (Dec. 14) 1935

Treatment of Maxillary Sinus Suppuration. J. F. O'Malley.—p. 1139.
Present Position of Cesarean Section in Obstetric Practice. J. B. Banister.—p. 1143.
*Treatment of Chronic Nonspecific Arthritis with Intramuscular Injections of Sulfur. D. Krestin.—p. 1144.
Acute Benign Lymphocytic Meningitis (Acute Aseptic Meningitis). W. R. F. Collis.—p. 1148.
*Acute Free Perforation of Gallbladder. A. L. D'Abreu.—p. 1150.

Treatment of Arthritis with Sulfur.—Krestin used intramuscular injections of sulfur suspended in oil in the treatment of fifty cases of chronic nonspecific arthritis. The cases are classified according to the main anatomic changes determined by clinical and roentgen examination, showing the extent of synovial, periarticular and para-articular tissue and cartilaginous and bony involvement. Since the results of treatment appear to depend very considerably on the extent to which bone and cartilage are affected, the cases are divided into four groups: 1. The bone involvement is slight or absent. 2. The bone changes are moderate and such as can be detected only in roentgenograms. 3. The bone changes are advanced and can be detected without roentgen examination; in many of these, partial dislocation of the joint and deformity are present. 4. The involvement is osteo-arthritic, frequently affecting the larger joints and spine of elderly individuals; the soft tissues show little or no involvement. Five patients refused to continue treatment after the first or second injection. It was found that, although no group is debarred from the prospects of some degree of recovery, the best results are to be expected in younger patients with relativeiy shorter histories and absence of advanced bony or cartilaginous damage. Improvement may be anticipated only in the soft tissues about the joints. When there is much wasting and contracture of the muscles the improvement will be less, and when deformity due to such changes combined with partial dislocation is present the chances of recovery become still less, though pain and stiffness may be relieved. In about one fourth of the cases in which definite improvement occurred after treatment, symptoms subsequently returned. In these the relapsed condition was always less severe than that preceding treatment, and in some it was quite mild. Simple therapeutic measures were generally sufficient to effect improvement. Recrudescence of symptoms occurred most often in groups 1 and 2, in which the patients were often younger and the disease had frequently been active and comparatively rapid in progress. In no instance was the disease made manifestly worse, nor has any harmful effect been observed, provided a nonacute quiescent phase is chosen. Though induration and pain at the site of the injection sometimes occur, abscess formation has not been encountered. Treatment was not given during the acute phase of arthritis to elderly feeble or emaciated individuals, to nervous, hysterical or psychopathic patients, to patients with active organic disease other than arthritis and to very obese patients. Improvement appeared to depend on the consistent occurrence of pyrexia and leukocytosis. The nature of such reactions is but little understood, but they seem to be associated with a general stimulation of metabolic processes and defense mechanisms.

Acute Free Perforation of Gallbladder.—D'Abreu has observed free extravasation of bile three times in the last 116 cases of gallbladder disease encountered in his unit at operation or at postmortem examination (cases diagnosed as cholecystitis but not confirmed by operation have been excluded). Free perforation occurs most commonly in the elderly. Inflammatory disease of the gallbladder associated with calculi is undoubtedly the cause of the condition. Although extensive gangrene of the wall associated with empyema has occurred in some cases, it is by no means always present. Age is a factor of great importance in the etiology of free perforation. A characteristic syndrome does not exist: few cases appear to have been diagnosed before laparotomy; acute cholecystitis, perforated gastric or duodenal ulcer, acute appendicitis, acute pancreatitis and intestinal obstruction have been simulated on several occasions. The safest guide to correct diagnosis lies in ceaseless vigilance when acute cholecystitis is being treated expectantly, especially in elderly patients; a rise of pulse rate associated with an increase in the area of abdominal tenderness must not be neglected. When uncertainty exists about the condition of a patient being treated expectantly for acute cholecystitis, laparotomy is desirable. Perforation can occur in a patient confined strictly to bed and on a fluid diet, as in one of the reported cases.

Lancet, London

2: 1275-1334 (Dec. 7) 1935

*Surgical Treatment of Aneurysms. W. H. C. Romanis.—p. 1275.
Use of Complement Fixation Reaction in Diagnosis of Human Psittacosis. S. P. Bedson.—p. 1277.
*Artificial Pneumothorax for Relief of Acute Pleural Pain. C. Shaw.—p. 1280.
Artificial Pneumothorax in Management of Lobar Pneumonia. W. E. Robertson.—p. 1282.
Human Anthrax in Barotseland Treated with Novarsenobenzene. F. W. Gilbert.—p. 1283.
Treatment of Hemorrhagic Disorders with Vitamin C. H. Engelbes.—p. 1285.
Streptococcus Infection in Childbirth and Septic Abortion: Source of Infection and Grouping of Hemolytic Strains. Phyllis M. Congdon.—p. 1287.
Epidural Hemorrhage Due to Hemophilia Causing Compression of Spinal Cord. W. M. Priest.—p. 1289.

Surgical Treatment of Aneurysms.—Romanis states that the aneurysms essentially suitable for surgery are those of the neck and limbs. The nearer the trunk the aneurysm is, the more difficult and delicate is its operative treatment. The cases described have all been treated by open operation, though certain aneurysms can be benefited by such other procedures as compression, needling, electrolysis and general medical measures. If it can be performed, the formal operation of excision of the sac with ligature of all branches entering it, as close to the sac as possible, and noninterference with the accompanying vein is the operation of choice. If it is impossible, a cure is often obtained by one of the other surgical procedures, the most promising being ligation of the main vessel immediately above the sac. Most of the so-called peripheral aneurysms occur in the flexures of the limbs, either in the popliteal space, Scarpa's triangle or the axilla. Many are associated with injuries. They are far more common in men than in women, but when seen in women they are usually associated with a positive Wassermann reaction, whereas this is by no means always the case in men. Certain aneurysms of this kind are, or in the past have been, associated with certain trades, such as the popliteal aneurysm seen in postboys and femoral aneurysm seen in butchers as a result of stabs in the thigh from their knives while sharpening them. Others are seen as a direct or indirect result of surgical procedures. The cases described are representative of arteriovenous aneurysms of the cavernous sinus, of aneurysms of the carotid, internal iliac, innominate, femoral and popliteal arteries, of femoral arteriovenous aneurysms and of other aneurysms of the limbs.

Artificial Pneumothorax for Relief of Pleural Pain.—Shaw believes that the pain of acute dry pleurisy demands removal in young patients on humane grounds; in the elderly this is imperative as a prophylactic measure against the occurrence of anoxemia and atelectatic pneumonia, which is so often fatal. The therapeutic methods in general use are only partially effective or dangerous. The induction of a shallow pneumothorax invariably relieves pleural pain and so removes anoxemia and atelectasis. The amount of injected air necessary is so small as to be quite harmless. Two cases are cited in which atelectatic pneumonia and anoxemia, secondary to pleural pain, suggested a fatal prognosis. Dramatic recovery followed the induction of an analgesic pneumothorax. In postoperative cases in which an abdominally initiated diaphragmatic paralysis enhances pulmonary basal atelectasis, the value of pneumothorax seems worthy of further research.

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Journal de Radiologie et d'Électrologie, Paris

19: 689-772 (Dec.) 1935

Precision Ionization Chamber for Absolute Measurement of X-Rays Included in Wide Band of Wavelengths. A. Rogozinski.—p. 693.
Anatomoroentgenologic Study of Heart and Large Vessels by Opacity Method. C. Laubry, P. Cottenot, D. Routier and R. Heim de Balsac. —p. 700.
Wavelength and Specificity of Short Waves. L. Delherm and H. Fischgold.—p. 709.
*Twelve Years of Roentgen Therapy of Exophthalmic Goiter. Gunsett, Seeger, Ritter and Schneider.—p. 713.

Roentgen Therapy of Exophthalmic Goiter.—Gunsett and his co-workers report the late results of roentgen treatment of 100 patients with exophthalmic goiter. All but seventeen had received treatment more than five years before the follow up, and these seventeen had been at least three years under observation. Forty-four appeared personally for check up and the others were reached by writing. Of the forty-four who appeared, thirty-two, or 72.7 per cent, were in excellent health, eight had only slight disturbances, three results were considered unsuccessful, and one patient was operated on six months after the roentgen treatments. Forty-two of the fifty-six who wrote in were in excellent health, ten were not improved and four said that they were improved though not completely recovered. The authors believe that these results justify the use of roentgen rays in the treatment of exophthalmic goiter.

Presse Médicale, Paris

43: 1953-1976 (Dec. 4) 1935

*Necessary Conditions, Results and Technic of Arteriectomy in Arterial Obliterations. R. Leriche and R. Fontaine.—p. 1953.
Sinocarotid and Cardio-Aortic Vasosensitive Zones in Determination of Sudden Death. A. Salmon.—p. 1956.

Arteriectomy in Arterial Obliterations.—Leriche and Fontaine state that they have performed eighty arteriectomies between January 1925 and May 1935. Nine were humoral, one cubital, three external iliac, sixty superficial femoral, five popliteal and two posterior tibial. They feel that, when the operation is performed for arterial occlusion, the artery, although having ceased to act as a vascular tube, continues to act as a vasoconstrictor nerve. This view has been confirmed both clinically and experimentally. It is necessary technically that the arteriectomy should extend beyond the obliterated region both above and below. The operation is, however, inadvisable unless the obliteration is complete. Both above and below the arterial resection must respect the first permeable collateral vessel, leaving it intact. The results in thirty-four cases of Buerger's disease were divided into five unknown, ten failures, seven temporary improvements, eight good results and four of less than a year's duration. The thirty-four operations performed for arteriosclerotic obliterations were divided into one death (by gas gangrene), five unknown, two failures, eight temporary improvements and eighteen good results, six of these being observed for longer than a year. Finally, the authors state that it is wise to close the operation with care as to hemostasis. Bleeding of the muscular arterioles is frequently seen almost immediately after the procedure is done. The vasodilatation is always rapid.

Archivio Italiano di Chirurgia, Bologna

41: 637-772 (Oct.) 1935

Ligneous Thyroiditis: Experiments. L. Olper.—p. 637.
*Influence of Calcium Content in Diet on Evolution of Experimental Hypoparathyroidism. P. Cazzamali.—p. 662.
Large Colic-Transverse-Hepatic-Peritoneal Abnormal Ligament Associated with Agenesia of Great Omentum: Case. G. S. Donati.—p. 685.
Arteriovenous Aneurysm of Superior Gluteal Artery Following Wound in War: Case. R. Pecco.—p. 702.
Fibers of Reticulo-Endothelial Tissues of Kidney in Normal and Pathologic Conditions. A. Trivellini and A. Campanini.—p. 731.

Calcium in Diet and Experimental Hypoparathyroidism.—Cazzamali carried on experiments in thyroparathyroidectomized rats with the aim of ascertaining the influence the calcium content in the diet may have on experimental hypoparathyroidism. The animals, in three different lots, were given one of three different diets: diets almost deprived of calcium or with normal or increased calcium. The author concludes that a hypocalcic diet increases the demineralizing action of thyroparathyroidectomy. The weight of the ashes of bones, viscera and soft parts of the organism of the animals, which is lower in thyroparathyroidectomized than in normal rats, is still lower in those which are given the hypocalcic diet. A diet with either a normal or higher than normal calcium content cannot control the progress of the demineralization caused by thyroparathyroidectomy, but it controls the clinical symptoms that follow it. The administration of the hypocalcic diet results in death of the animals, which rapidly develop cachexia and asthenia and die in tetany shortly in the evolution of the experiments. The administration of a diet with calcium content, either normal or increased, enables the animals to survive the operation. In these cases the manifestations of hypoparathyroidism, which ordinarily follow thyroparathyroidectomy, tetany included, do not make their appearance. The animal's life after the operation is almost normal, except for a partial limitation of the somatic development, which is probably due to the suppression of the thyroidal function.

Semana Médica, Buenos Aires

43: 1973-2048 (Dec. 26) 1935. Partial Index

Pentavalent Arsenicals in Treatment of Congenital Syphilis. R. Cibils Aguirre and J. de las Carreras.—p. 1973.
**"Index of Excursion of Uterus" in Prolapse of Uterus. O. Jürgens.—p. 1987.
Prognosis of Cutaneous Carbuncle. R. Consiglieri.—p. 1994.
Large Ulcer of Upper Lobe of Right Lung Cured by Phrenicectomy. J. F. Mieres.—p. 2000.
*Influence of Artificial Pneumothorax on Electrocardiograms. I. Natin. —p. 2002.
Syphilitic Gumma of Tongue: Case. A. Bigatti.—p. 2026.

Index of Excursion of Uterus.—Jürgens calls "index of excursion of the uterus" the distance in centimeters that the uterus, held by forceps, can be displaced upward and downward from its normal location by means of light pushing and pulling movements. The normal index of excursion of the uterus is 4 cm. (2 cm. upward and 2 cm. downward) in nulliparas and from 6 to 8 cm. in women who have borne one or more children. In the last group of patients an index of 10 or 12 cm. is found before appearance of prolapse of the uterus. In these cases the downward excursion is larger than the upward one. The existence of an index of excursion greater than 6 or 8 cm. is of diagnostic value in latent or potential prolapse, by which the author means the relaxation of the muscles that support the internal genital organs and of the perineum, a condition that precedes the onset and evolution of prolapse of the uterus. Latent prolapse is characterized by the disproportion between the intensity of the local and general symptoms on the one hand and the almost unnoticeable anatomic changes of the internal genitalia on the other. The symptoms of the condition are a sensation of relaxation of both the supportive and the perineal muscles, a downward sensation of the genitalia, disturbances of the gallbladder, lumbar pains and aching of the legs, which become worse with physical exercise and are lessened with rest. The general symptoms consist of gastric and intestinal disturbances, headache, nervousness and sometimes psychasthenia. The treatment of latent prolapse, as well as of prolapse in evolution, consists in the performance of a corrective operation. The temporary use of pessaries is indicated, however, as a preliminary treatment before an operation in certain cases, such as in young married women and in women who refuse to be operated on. An advantage of the temporary use of pessaries is that incontinence of urine, which frequently complicates prolapse, is made evident by the temporary reduction of the prolapse and can be corrected during the same operation.

Influence of Pneumothorax in Electrocardiogram.—Natin made studies of the variations of the electrical axis of the heart in the electrocardiogram before and after artificial pneumothorax in thirty-two cases. He concludes that pneumothorax of the right side causes a shifting to the right of the electrical axis of the heart and horizontalization of the organ. The pneumothorax on the left side causes a shifting to the left of the electrical axis of the heart and verticalization of the organ. Parietal and diaphragmatic adhesions, when present,

maintain the heart and the hemidiaphragm in their position, thus preventing the appearance of changes of the heart and of its electrical axis in the electrocardiogram. The presence of an effusion on the right side of the thorax may cause an accentuation of the shifting of the electrical axis of the heart to the right in right pneumothorax and a neutralization of the shifting to the left and even appearance of the shifting to the right in left pneumothorax. If the heart takes the horizontal position as a result of the pneumothorax, its electrical axis shifts to the right; if it takes the vertical position, its electrical axis shifts to the left. This fact was proved by the electrocardiograms obtained during discontinuation of pneumothorax. Slight changes of the heart do not make their appearance in the electrocardiograms or appear only when the electrocardiogram is taken in certain positions. Air insufflations may act either as the determining factors in the onset of extrasystoles or control them, probably by a mechanism of vagal stimulation. In reviewing the literature on the subject one finds that the opinions are conflicting. Some authors claim that the electrical axis of the heart shifts to the right in all cases of pneumothorax, while others believe that it does not change and still others state that its variations are irregular. Some authors report the observation of slight changes in the electrocardiogram after artificial pneumothorax, while others failed to find them. Natin's observations confirm those previously reported by Naunini and point out the erroneousness of the classic conceptions on the relation between the position of the heart and the direction of the shifting of the electrical axis of the heart in the electrocardiogram.

Münchener medizinische Wochenschrift, Munich

83: 43-84 (Jan. 10) 1936. Partial Index

Life Prognosis of Late Sequels of Traumatic Cerebral Lesions. H. Baumm.—p. 43.
*Best Artificial Respiration and Necessity of Supplementing It by Cardiac Massage. O. Bruns.—p. 45.
*Severe Burns with Phosphorus and Treatment. W. Starz.—p. 47.
Vitamin D Sclerosis in Human Subjects. W. Gerlach.—p. 49.
Congenital Amputations. H. F. O. Haberland.—p. 55.

Methods of Artificial Respiration.—In evaluating the methods of resuscitation, Bruns disregards those which employ machines and gives his attention only to the manual methods. He says that Silvester's method of artificial respiration is the best, because it introduces most air into the lungs and also effects a movement of the blood from the right to the left side of the heart. If a second person is available, the author suggests that this person, while sitting on the thighs of the unconscious person, perform cardiac massage according to the method of Maass-König, while the person performing the artificial respiration presses during the period of expiration the upper arms and the elbows of the unconscious person laterally against the thorax, instead of crossing them over the sternum. In the cardiac massage according to Maass-König, the thenar eminence of the open right hand is pressed in rapid succession into the region of the heart, approximately between the region of the apical beat of the heart and the left side of the sternum. The thrusts should be about 100 per minute. This rate eliminates the danger of exerting too great a pressure.

Treatment of Burns Caused by Phosphorus.—After reporting the case of a man who sustained severe burns on the hands while breaking a bottle that contained phosphorus diluted in carbon disulfide, Starz points out that, since phosphorus is used in gas warfare in the form of phosphorus fire bombs, the treatment of such injuries deserves attention. He shows that burns produced by phosphorus involve two destructive processes; the one is the direct action of the flames and the second is the corrosion of the tissues by the acid that is formed. In the treatment of phosphorus burns it is most important to put the injured part as soon as possible into a 5 per cent solution of sodium bicarbonate of approximately body temperature. However, this submersion should not be continuous, but the injured part should be lifted out from time to time so that the air can reach the lesion. This exposure to air facilitates the oxidation of the particles of phosphorus still adhering to the tissues. The solution of sodium bicarbonate, on the other hand, makes possible the neutralization of the newly forming acid and thus reduces the pain. The dipping into the solution and the exposure to air must be continued until the development of vapors of phosphorus pentoxide ceases and there is no longer a garlicky odor, phosphorescence or severe pain. After this has been accomplished, the customary treatment for burns is applied.

Sovetskiy Vestnik Oftalmologii, Moscow

7: 577-736 (No. 5) 1935. Partial Index

Amyloidosis of the Eye: Case of Amyloidosis of Ciliary Edge of Lid. N. V. Ochapovskaya-Patsapay.—p. 584.
Arachnodactylia and Ectopy of Crystalline Lens. P. E. Tikhomirov.—p. 591.
*Origin and Meaning of Ocular Symptoms in Exophthalmic Goiter. S. A. Specter.—p. 610.
Magnet Operations. V. I. Alekseeva.—p. 624.
Partial Transverse Transplantation of Corneal Layer. M. A. Shterenberg.—p. 637.

Pathogenesis of Eye Symptoms in Exophthalmic Goiter.—According to Spector, the ocular symptoms in exophthalmic goiter do not depend directly on the thyroid. The cause of both the enlargement of the thyroid and the ocular symptoms is a lesion of the diencephalic-hypophyseal system. The mechanism of the production of the symptoms is an increase in the tone of the corresponding muscles. Exophthalmos is the result of increased tonus of the oblique muscles of the eyeball caused by a lesion of the extensor center. The eyeball is pulled out rather than pushed out. Symptoms characteristic of exophthalmos resulting from retro-ocular tumors, such as vascular changes and changes in refraction, are absent here. On the other hand there is present a tenderness at the point of attachment of the oblique muscles. The Möbius sign is due to the increased tone of the oblique muscles increasing the diverging position of the eyeball. Lid symptoms, the Dalrymple, von Graefe and Stelwag signs, are due to the increased tone of the superior levator muscle of the lid. The Joffroy sign depends on the increased tone of the frontal muscle. The author regards all these muscles as the upper half of muscles of facial expression the cellular elements of which are located in the floor of the third ventricle. These cell groups and the extensor center are under the toxic control of the hypophyseal and thyroid secretions. The effect of the thyrotropic hormone of the anterior portion of the pituitary is to cause enlargement of the thyroid. A vicious circle is thus formed, a lesion of any part of which may cause exophthalmic goiter. Rapidly developing eye symptoms in exophthalmic goiter point to a primary lesion of the brain centers and slowly developing symptoms to their depression. Improvement in eye symptoms after thyroidectomy can take place in slowly developing symptoms. In fulminant exophthalmic goiter, thyroidectomy does not bring about any improvement of the exophthalmos. Positive results can be obtained only through sectioning of the oblique muscles. Bilateral limitation of fields of vision following thyroidectomy is explained by a compensatory enlargement of the hypophysis. The latter apparently plays an important part in the etiology of exophthalmic goiter.

Hospitalstidende, Copenhagen

78: 1299-1310 (Dec. 31) 1935

*Observations in Diabetes Insipidus: I. Contribution to Diagnosis and Treatment of Diabetes Insipidus. P. Hanssen and N. B. Krarup.—p. 1299.
*Observations in Diabetes Insipidus. II. Elimination of Creatinine and Urea. P. Hanssen.—p. 1306.

Diagnosis and Treatment of Diabetes Insipidus.—Hanssen and Krarup describe a case of primary polydipsia in illustration of the importance of examination of the urine either in single portions or by the concentration test before confirming the diagnosis of diabetes insipidus, and report six cases of diabetes insipidus of unknown pathogenesis, all treated with dry and powdered posterior lobe of beef pituitary applied to the nasal mucous membrane with a small spray. Compared to injection treatment, this method is effective, free from by-effects and economically advantageous.

Elimination of Creatinine and Urea in Diabetes Insipidus.—Hanssen states that in four patients treated intranasally with powdered posterior pituitary lobe the filtration was unchanged and the elimination of urea considerably decreased during the treatment.

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